FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person * Bluestein Scott | | | 2. Issuer Name and Ticker or Trading Symbol HERCULES TECHNOLOGY GROWTH CAPITAL INC [HTGC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Credit Officer | | | | | | | |
|---|---|--|---|---|---------|------------------------|-----------------------|--|--|---------------------------|--|-----------------|---|---|-----------------------------------|
| | RCULES 7 | | OGY GROWTH VENUE, SUITE | 3. Date of Earl 03/30/2014 | liest 7 | Transacti | on (M | onth/Day | y/Year) | | | | | | |
| BOSTON, MA 02116 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City |) | (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | any | n Date, if Code (Instr. 8) | | (A) or Disposed of (D) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership Form: | Beneficial | | |
| | | | | (Month/Day/Ye | ear) | Code | V | Amoun | (A) or (D) | Price | (Instr. 3 a | nd 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Stock | | 03/30/2014 | | | F | | 50 (1) | D | \$ 14.47 | 132,055 | 5 | | D | |
| Reminder: | Report on a s | separate line fo | | Derivative Secu | ıritie | es Acqui | Pers cont the t | sons whatained in | no responding this for splays a | orm are curre | e not requ ntly valid | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | (Month/Day/Y | on 3A. Deemed Execution Da (Year) any | ate, if Transaction Code Year) (Instr. 8) | | 5. 6. D Number and | | Pate Exercisable Expiration Date onth/Day/Year) | | 7. T Am Und Seco | ritle and ount of derlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Benefici Ownersh (Instr. 4) |
| | | | | Code | V | (A) (D) | | | Expiration Date | on Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|----------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Bluestein Scott C/O HERCULES TECHNOLOGY GROWTH CAPITAL, 31 ST. JAMES AVENUE, SUITE 790 | | | Chief Credit Officer | | | |
| BOSTON, MA 02116 | | | | | | |

Signatures

| /s/ Michael Penney, Attorney-in-Fact for Scott Bluestein | 03/31/2014 |
|--|------------|
| | |

| | <u> </u> |
|---------------------------------|----------|
| **Signature of Reporting Person | Date |
| | |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Represents shares of common stock withheld to pay taxes applicable to the vesting of restricted stock on March 30, 2014.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.