FORM	4
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Cl	neck this box if no
lo	nger subject to
Se	ection 16. Form 4 or
Fc	orm 5 obligations
m	ay continue. See
In	struction 1(b).

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

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

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

(Finit of Type Responses)								1		
1. Name and Address of Reporting Person [*] Lyons Susanne D		2. Issuer Name and HERCULES TEC CAPITAL INC [2	CHNOLO				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below)			
(Last) (First) C/O HERCULES TECHNOLOGY CAPITAL, 400 HAMILTON AVEN 310	GROWTH (3. Date of Earliest Tr 03/07/2015	ansaction (N	Aonth	n/Day/Yea	r)				
(Street) PALO ALTO, CA 94301	2	4. If Amendment, Da	te Original I	Filed(Month/Day/Y	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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	· · · · · ·	Execution Date, if Code (Instr. 8)			ties Acc isposed 4 and 5	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
			Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	03/07/2015		А		3,333 (1)	А	\$ 14.6	3,333	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
Security (Instr. 3)	Conversion	(Month/Day/Year)	Execution Date, if	Code		5. Number of Derivative		(Month/Day	0ate /Year)	7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (right to buy)	\$ 14.6	03/07/2015		А		10,000 (2)		(3)	03/07/2025	Common Stock	10,000	\$ 0	10,000	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Lyons Susanne D C/O HERCULES TECHNOLOGY GROWTH CAPITAL 400 HAMILTON AVENUE, SUITE 310 PALO ALTO, CA 94301	Х					

Signatures

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) Restricted stock issued as an automatic grant upon election to the board of directors pursuant to the Amended and Restated Non-Employee Director Plan and are subject to forfeiture restrictions whereby one-half vests on 03/07/2016 and the remaining one-half vests on 03/07/2017.
- (2) Stock option granted as an automatic grant upon election to the board of directors pursuant to the Amended and Restated Non-Employee Director Plan
- (3) This stock option vests as to one-half of the underlying shares on 03/07/2016 and the remaining one-half of the shares vest on 03/07/2017.

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.