FORM 4	ŀ
--------	---

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

1. Name and Address of Reporting Pe 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)				
(Last) (First) C/O HERCULES TECHNOLO CAPITAL,, 31 ST. JAMES AV 790		05/50/2015					Chief Investment	Officer			
(Street) 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)	Ta	ble I - Nor	1-Der	ivative S	ecuritie	es Acqui	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if any	3. Transaction4. Securities AcquiredCode(A) or Disposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	Ownershipof IndirectForm:Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock	03/30/2015		F		60 <u>(1)</u>	D	\$ 13.64	184,131	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 SI contained in this form are not required to respond unless

SEC 1474 (9-02)

contained 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, cans, warrants, options, convertible securities)														
1. Title of	2.		3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	ıber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deri	vative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					rities			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	uired			4)			Following	Direct (D)	
					(A) (1	or Indirect	
						osed						Transaction(s)	(I)	
					of (I	/						(Instr. 4)	(Instr. 4)	
					(Inst	· ·								
					4, an	id 5)								
										Amount				
							Dete	E		or				
								Expiration	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

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

Signatures

/s/ Ben Bang, Attorney-in-Fact for Scott Bluestein	03/31/2015
-**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, 2015.

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.