FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

Kepui	ung O	WHEI S														
Renor	ting O	wners			Code V	(A) (D)					Shares					
					Code V	(A) (D)		e rcisable	Expiration Date	n Title	Amount or Number of Shares					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution	Date, if	4. Transaction Code (Instr. 8)	Number an		nd Expiration Date Month/Day/Year)		Amo Und Secu	itle and ount of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect))	
			Table I		ative Securi outs, calls, w	arrants, o					ly Owned					
Reminder: 1	Report on a s	eparate line fo	r each class of se	ecurities b	peneficially of	wned direc	Pers	sons wh tained i	no respor	m are	not requ		formation spond unlestrol number	s	1474 (9-02)	
Common	Stock		07/10/2018			D		300 (1	\mathbf{D} \mathbf{D}	\$ 12.93	25,771])		
				(Mon	(Month/Day/Year)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	. 3 and 4)			Ownership (Instr. 4)	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea	Exectar)		Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities Illy Owned Following Transaction(s)		Form:	7. Nature of Indirect Beneficial	
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu							nired, Disposed of, or Beneficially Owned				
(Street) PALO ALTO, CA 94301				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						Sample State (give title below) Other (specify below) General Counsel & CCO 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Last) (First) (Middle) C/O HERCULES CAPITAL INC., 400 HAMILTON AVENUE SUITE 310					3. Date of Earliest Transaction (Month/Day/Year) 07/10/2018											
(Print or Type Responses) 1. Name and Address of Reporting Person * Grace Melanie					2. Issuer Name and Ticker or Trading Symbol Hercules Capital, Inc. [HTGC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				

Signatures

PALO ALTO, CA 94301

Grace Melanie

/s/ /Melanie Grace	07/12/2018			
**Signature of Reporting Person	Date			

Reporting Owner Name / Address

400 HAMILTON AVENUE SUITE 310

C/O HERCULES CAPITAL INC.

10%

Owner

Officer

General Counsel & CCO

Other

Director

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 July 10, 2018.

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.