## 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

1 11		CD	*	2 1	a. Til	т	. 1: C	11		5 Relation	nshin of Ren	orting Perso	n(s) to Issuer	
1. Name and Address of Reporting Person * Fallon Thomas J			2. Issuer Name and Ticker or Trading Symbol Hercules Capital, Inc. [HTGC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
C/O HEI	(Last) (First) (Middle) C/O HERCULES CAPITAL, INC., 400 HAMILTON AVENUE SUITE 310			3. Date of Earliest Transaction (Month/Day/Year) 05/20/2019					Office	r (give title belo	ow)	Other (specify be	elow)	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				)	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
	PALO ALTO, CA 94301 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acqui	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)				quired of (D)	5. Amour Beneficia Reported	nt of Securities ally Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)		Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)		
Common	Stock		05/20/2019		A		107 (1	) A	\$ 13.13	41,062			D	
Reminder:	Report on a s	separate line for	each class of secu	rities beneficially o	wned direc	Pers	ons wh	no respo			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for	Table II -	Derivative Securi	ies Acqui	Pers cont the f	ons what ained it form dis	no respo n this fo splays a of, or Be	orm are curre neficial	not requ ntly valid	uired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	·	3. Transaction Date (Month/Day/Y	Table II -  3A. Deemed Execution Date any	Derivative Securit (e.g., puts, calls, w	ies Acquii arrants, o	Personal the fored, Diptions  6. Do and (Moore)	ons what ained it form dis	no respondent this for splays a sof, or Be retible second control of the control	neficial urities) 7. Ti Amo	not requ ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivatin Security Direct (I or Indire	11. Nature of Indire Beneficia Ownersh (Instr. 4)

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Fallon Thomas J C/O HERCULES CAPITAL, INC. 400 HAMILTON AVENUE SUITE 310 PALO ALTO, CA 94301	X				

# **Signatures**

/s/ Melanie Grace, Attorney-in-Fact for Thomas J. Fallon	05/22/2019
**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) Shares acquired through the Hercules Capital, Inc. Dividend Reinvestment Plan.

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.