FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Kesponse	s)												
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) Director 10% Owner					
(Last) (First) (Middle) C/O HERCULES CAPITAL INC., 400 HAMILTON AVENUE SUITE 310				3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021						X Officer (give title below) Other (specify below) General Counsel & CCO				
(Street)				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	LTO, CA	(State)	(Zip)	Te	bla I N	on Do	wivativa	Convition	Aggui	wad Dian	asad of an l	Ponoficially,	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year	3. Transaction Code (Instr. 8)		1		uired of (D)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership			
				(Code	V	Amour	(A) or (D)	Price	(,			or Indirect (I) (Instr. 4)	
Restricted Stock Units		05/19/2021		A		508 (1	A	\$ 16.95	22,085		D			
Restricted Stock Units		05/19/2021		F		10 (2)	D	\$ 16.95	22,075		D			
Restricted Stock Units		05/19/2021		D		72 ⁽³⁾	D	\$ 16.95	22,003		D			
Common Stock		05/19/2021		A		72 (4)	A	\$ 16.95	65,509			D		
Common Stock		05/19/2021		F		36 ⁽⁵⁾	D	\$ 16.95	65,473			D		
Reminder:	Report on a s	separate line fo	or each class of secur	ities beneficially or		Per con the	sons wl tained i form di	no respo n this for splays a	rm are currer	not requally valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
		1	(e.g., puts, calls, wa	arrants, o	ption	s, conver	tible secu	rities)			ı		
1. Title of Derivative Security (Instr. 3)	2. 3. Transactio Conversion or Exercise Price of Derivative Security		Year) Execution Data		Number and		Date Exercisable I Expiration Date onth/Day/Year)		Amo Unde Secu	tle and ount of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)
				Code V	(A) (D		e ercisable	Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships				
	Director	10% Owner	Officer	Other	
Reporting Owner Name / Address					

Grace Melanie C/O HERCULES CAPITAL INC. 400 HAMILTON AVENUE SUITE 310 PALO ALTO, CA 94301		General Counsel & CCO	
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Signatures

/s//Melanie Grace	05/21/2021
**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 dividend equivalent shares received on May 19, 2021.
- (2) Represents dividend equivalent shares withheld to pay taxes applicable to the vesting of deferred dividend equivalent shares on May 19, 2021.
- (3) Represents released dividend equivalent shares converted to Hercules Capital, Inc. common stock on May 19, 2021.
- (4) Represents Hercules, Inc. common stock received from vested dividend equivalent shares on May 19, 2021.
- (5) Represents Hercules, Inc. common stock withheld to pay taxes applicable to the vesting of dividend equivalent shares on May 19, 2021.

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.