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

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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 Type Responses)											
1. Name and Address of Reporting Po Loo Wade	2. Issuer Name a Hercules Capi			0,	mbol	:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O HERCULES CAPITAL, 1 HAMILTON AVENUE, SUIT	· · · · · · · · · · · · · · · · · · ·	3. Date of Earlies 08/01/2022	t Transacti	on (N	/lonth/Day	//Year)	-	Officer (give title below) Other (specify below)			
(Street) PALO ALTO, CA 94301	4. If Amendment,	Date Orig	inal l	Filed(Montl	h/Day/Ye	ear)	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)	Date (Month/Day/Year)	-		ction	(A) or D	(A) or Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Beneficial	
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	× /	Ownership (Instr. 4)	
Common Stock	08/01/2022		А		2,170 (<u>1)</u>	А	\$ 16.1318	6,684	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 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, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	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	Transact	ion	Numl	ber	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)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D	/						(Instr. 4)	(Instr. 4)	
						·	· ·								
						4, and	, and 5)								
											Amount				
								Data	Evaluation		or				
										Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
				Code		(Instr 4, and	. 3, 15)	Date Exercisable	Expiration Date	Title	or Number of		(Instr. 4)	(Instr. 4)	

Reporting Owners

Bonosting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Loo Wade C/O HERCULES CAPITAL, INC. 400 HAMILTON AVENUE, SUITE 310 PALO ALTO, CA 94301	Х						

Signatures

/s /Eileen Bagarella, Attorney-in-Fact for Wade Loo

**Signature of Reporting Person

08/01/2022 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 purchased based on reporting person's election to receive stock in lieu of cash compensation fee otherwise due to reporting person as a director of the Issuer.

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.