Edgar Filing: HERCULES TECHNOLOGY GROWTH CAPITAL INC - Form 4

| HERCULES Form 4 November 10 | TECHNOLO | GY GROW | ТН САР | ITAL ING | 2 | | | | | | |
|--|---|--|------------------------------------|--|---|-------|-------------|---|--|---|--|
| | | | | JRITIES AND EXCHANGE CO | | | | COMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. Filed p Section 1 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Henriquez Manuel A Symb HER | | | | suer Name and Ticker or Trading ol CULES TECHNOLOGY WTH CAPITAL INC [HTGC] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| GROWTH (| (First) JLES TECHN CAPITAL,, 40 N AVE, SUITE | 0 | 3. Date of (Month/D 11/09/20 | - | ansaction | | | X Director X Officer (give below) Pres | | Owner rr (specify | |
| | | | | ndment, Date Original hth/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 | | | |
| | O, CA 94301 | | | | | | | Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | med n Date, if Day/Year) | 3. Transactio Code (Instr. 8) Code V | 4. Securit on(A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 11/09/2014 | | | F | 1,919 (1) | D | \$ 16.13 | 1,846,875 | 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 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 Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 9. Nt 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber **Expiration Date** Amount of Derivative Deriv Underlying Security or Exercise any Code of (Month/Day/Year) Security Secu (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative Bene Derivative (Instr. 3 and 4) Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Expiration Date Title Number Exercisable Date of Code V (A) (D) Shares

Edgar Filing: HERCULES TECHNOLOGY GROWTH CAPITAL INC - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Henriquez Manuel A C/O HERCULES TECHNOLOGY GROWTH CAPITAL, 400 HAMILTON AVE, SUITE 310 PALO ALTO, CA 94301 | Х | | President & CEO | | | |
| Signatures | | | | | | |
| /s/ Michael L. Butler, Attorney-in-Fact for Manuel Henriquez | 11 | 1/10/2014 | | | | |
| **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 November 9, 2014.

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.