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

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. Name and Address of Reporting Person* Parker David F				2. Issuer Name and Ticker or Trading Symbol Triangle Capital CORP [TCAP]										ationship of F k all applicab Director	le)	Person(10% Ov		
(Last)	(First)	(Mi	ddle)		3. Date of Earliest Transaction (Month/Day/Year) 02/21/2007							X	Officer (g below)	live title	title Other (specify below)		вреспу Преспу		
3600 GLENWOOD AVENUE														Managing Director					
SUITE 104				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)						
													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Street)	NO	07	204.0												Form file	d by More	than O	ne Reportin	g Person
RALEIGH	NC	27	612																
(City)	(State)	(Zi _l	o)																
		Та	ble I - Nor	ı-Deri	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or	Benefi	ially Ov	vned				
Date						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		4. Securiti Disposed	ties Acquired (A) or d Of (D) (Instr. 3, 4 and) or 4 and 5)	5. Amount Securities Beneficiall Following Transactio	y Owned Reported	Form:	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 an				(111341.4)
Common Stock 02/2					21/2007				J ⁽¹⁾		69,00	69,000 A		\$0	69,0	69,000		D	
Common Stock 02/2					1/200)7			J ⁽²⁾		7,467	(3)	Α	\$0 7,467		67		1	By LLC
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ition Date, T		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		Securities Underl		derlying curity	8. Price of Derivative Security (Instr. 5)		lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Evaluation of Po				,	Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	•	Amount or Number of Shares		(Instr. 4)			

- 1. Shares acquired in exchange for general partnership interests in Triangle Mezzanine Fund, LLLP (the "Fund") as part of the formation transactions in connection with the Issuer's initial public offering. As part of the formation transactions, the Fund became a wholly owned subsidiary of the Issuer.
- 2. Shares acquired in exchange for limited partnership interests in the Fund as part of the formation transactions in connection with the Issuer's initial public offering. As part of the formation transactions, the Fund became a wholly owned subsidiary of the Issuer.
- 3. Shares beneficailly owned represent reporting person's pro rata ownership interest in a limited liability company.

/s/ Helen W. Brown, Attorneyin-Fact for David F. Parker

02/23/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.