SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL
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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 * | | | | | 2. Issuer Name and Ticker or Trading Symbol Triangle Capital CORP [TCAP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|-------------------|--------------------|---|--|--|--|---|---------------------------------|--|------------------------------------|--|--|---|--------|---|------------|--|
| | | | | | | | | | | | | | X | Director | | | 10% Ov | /ner | |
| (Last) | (First) | (M | iddle) | | 3. Date of 05/07/2 | f Earliest T 008 | ransactio | on (Month | n/Day/ | Year) | | | x | Officer (g below) | jive title | | Other (s below) | pecify | |
| 3600 GLENW | | NUE | | | | | | | | | | | | CFC | , Secret | ary, T | Freasurer | | |
| SUITE 104 | | | | | 4. If Amer | ndment, Da | ate of Or | iginal File | d (Mo | nth/Day/Ye | ear) | | | | • | 0 (| heck Applica | able Line) | |
| (Street) | | | | | | | | | | | | | | | d by One F | • | ng Person Ine Reportin | a Person | |
| RALEIGH | NC | 27 | 612 | | | | | | | | | | | | a by more | | | greisen | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | 1-Der | ivative S | ecuritie | s Acq | uired, I | Disp | osed of, | , or B | enefi | cially Ow | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | nsaction | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | .) or 4 and 5) | 5. Amount Securities | of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | (110111 | n/Day/Year) | | ay/Year) | | nstr. | | | | | Following | | | | Ownership | |
| | | | | INOIL | h/Day/Year) | | ay/Year) | | v | Amount | ((| (A) or (D) | Price | | Reported n(s) | | | | |
| Common Stoc | k | | | | n/Day/Year))7/2008 | | ay/Year) | 8) | | Amount 19,97 | | (A) or (D) A | Price \$0.00 | Following Transactio | Reported on(s) od 4) | | | Ownership | |
| Common Stoc | k | | Table II - [(| 05/0 Deriv | 07/2008 | (Month/D | Acquir | 8) Code A | v | 19,97 ed of, o | '3 or Ben | A neficia | \$0.00 | Following Transactio (Instr. 3 an 113, | Reported on(s) od 4) | | . 4) | Ownership | |
| Common Stoc 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | 05/0 Derive.g., | 07/2008 ative Sec | (Month/D) curities / ls, warra 5. Num Derivat Securit Acquir | Acquin ants, c ber of tive ed (A) posed of str. 3, 4 | 8) Code A red, Dis options | V Spos | 19,97 eed of, o nvertible | 73 er Ben e secu 7. Title Securi Deriva | A neficia urities e and A | \$0.00 s) nount of derlying curity | Following Transactio (Instr. 3 an 113, | Reported on(s) od 4) | r of | . 4) | Ownership | |

Date Exercisable

(D)

Expiration Date

Title

Explanation of Responses:

Remarks:

Robert C. Humphreys,

Attorney-in-Fact to Steven C.

05/08/2008

Lilly
** Signature of Reporting Person Date

Amount or Number of Shares

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).

Code V (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.