FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

| Name and Address of Reporting Person* Dunwoody W McComb | | | | | 2. Issuer Name and Ticker or Trading Symbol Triangle Capital CORP [TCAP] | | | | | | | | | | tionship of F all applicab Director | | ` , | Issuer | /ner |
|--|---------|------------------|---|--|--|---|---|--|--------------------------|--|---|---------------------|---------------|-------------------------------------|--|--|---|---|--|
| (Last) | (First) | (Mi | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2009 | | | | | | | | | Officer (g below) | ive title | (| Other (s below) | |
| 3700 GLENWOOD AVENUE SUITE 530 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (Street) RALEIGH NC 27612 | | | | | | | | | | | | | | | Form file | d by More | than One F | eportin | g Person |
| (City) | (State) | (Zi _l | 0) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | า-Der | ivativ | e Se | curitie | s Acqı | uired, I | Disp | osed of, | or I | Benefic | ially Ow | ned | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 06/ | | | | | /17/2009 | | | | S ⁽¹⁾ 1,00 | | 1,000 | 000 D S | | \$10.35 | 149,981 | | D | | |
| Common Stock 06/ | | | | | 19/2009 | | S ⁽¹⁾ | | 1,000 |) | D | \$10.73 | 148, | 981 | D | | | | |
| | | | Table II - I (| | | | | | | | sed of, o | | | | ed | | | | |
| Derivative Conversion Date Execution Security (Instr. 3) or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution Da if any (Month/Day/ | ate, | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Yea | | te Securities Under | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | Own Forn Dire or In (I) (II | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Explanation of Re | 2000000 | | | | Code | v | (A) (D) | | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | nber | | on(s) | | |

1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 18, 2009.

Remarks:

Robert C. Humphreys, Attorney-in-Fact for W.

06/19/2009

McComb Dunwoody ** 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.