SEC Form 5

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FORM 5

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

OMB APPROVAL
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Form 3 Holdings Reported.

ANNUAL 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

| Form 4 Transac | aona rreporteo | 1. | | 0.000 | ``` | , | | npany Act o | 01 1940 | | | | | | | |
|--|--|------------------------|--|--|--|---|---------------------|---|-----------------------------------|---|---|---|------------------------|---|--------------------------------|---|
| 1. Name and Address of Reporting Person [*] Goldstein Benjamin S | | | | 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% Owner | | | | | |
| (Last) (First) (Middle) | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | | | | | | | - × | Officer (giv below) | ve title | | Other (below) | |
| 3700 GLENWOOD AVENUE SUITE 530 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) RALEIGH | | | 612 | | | | | | | Form filed | by Mor | e than Or | ne Reporti | ng Person | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non-Der | ivative Se | ecurit | ies Acqu | ired, Dis | osed o | f, or B | Benefici | ally Ow | /ned | | | | |
| | 1. Title of Security (Instr. 3) 2. Transaction Date | | | | | | - | | | | | | | | | |
| 1. Title of Security | (Instr. 3) | | Date | 2A. Deeme Execution | | 3. Transactio | n 🛛 (Instr. 3, 4 | es Acquire and 5) | d (A) or l | Disposed | | 5. Amount of Securities | | 6. Owner Form: Di | rect In | Nature of lirect |
| 1. Title of Security | (Instr. 3) | | | | Date, | | n 🛛 (Instr. 3, 4 | and 5) | d (A) or I (A) or (D) | Disposed (| | | wned er's | | rect Ind lirect Be 4) Ov | |
| 1. Title of Security | | | Date | Execution if any | Date, | Transactio Code (Instr | n (Instr. 3, 4 | and 5) | | | | Securities Beneficially Ov at end of Issue Fiscal Year (Ins | wned er's str. 3 | Form: Di (D) or Ind | rect Ind lirect Be 4) Ov | lirect neficial /nership |
| | | | Date (Month/Day/Year) | Execution if any (Month/Day | Date, //Year) uritie: | Transactio Code (Instr 8) s Acquir | Amount | and 5) (((((((((((((((((((((((((((((((((((| (A) or (D) or Ber | Price | ly Own | Securities Beneficially Ov at end of Issue Fiscal Year (In: and 4) 14,474(| wned er's str. 3 | Form: Dir (D) or Ind (I) (Instr. | rect Ind lirect Be 4) Ov | lirect neficial /nership |
| | | 3. Transaction Date | Date (Month/Day/Year) Table II - Deriva (e.g., 3A. Deemed Execution Date, if any | Execution if any (Month/Day | Date, //Year) urities S, Wa 5. Num Deriva Securi Acquir Dispos | Transactio Code (Instr 8) s Acquir rrants, o hber of tive | Amount ed, Dispo | and 5) (((sed of, o ponvertib cisable and ate | (A) or (D) or Ber le sec | Price neficial curities) le and Amerities Under rities Under rities Secu | bunt of erlying | Securities Beneficially OU at end of Issue Fiscal Year (In: and 4) 14,474(ed 8. Price of | wned er's str. 3 | Form: Dia (D) or Inc (I) (Instr. D nber of tive tites cially d ing | rect Ind lirect Be 4) Ov | 11. Nature of Indirect Beneficial of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Includes shares of common stock received by reporting person in 2009 pursuant to Triangle Capital Corporation's Dividend Reinvestment Plan

Remarks:

Robert C. Humphreys,

Attorney-in-Fact for Benjamin 02/11/2010

S. Goldstein ** 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.