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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROV | /AL |
|--------------------------|-----------|
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| 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) | | | | |
|--|------------------|------------------------|----------------------------|----------|--|--|---|---|--|------|-------------------------|---|--|--|---|---|--|
| Knox C Robert JR (Last) (First) (Middle) 3700 GLENWOOD AVENUE | | | | F | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2012 | | | | | | | × | Director Officer (gi below) Princi | | 10% O Other (below) ounting Office | specify | |
| SUITE 530 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) RALEIGH NC 27612 | | | | | | | | | | | | Form filed by More than One Reporting Pe | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | | nsaction 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/0 | | | | | 7/2012 | | F 1,115 D | | \$20.14 | 41,2 | 25 | D | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | 3A. Deemed Execution Da | ate, Tra | 4. 5. Number of 6. Date Exercisable and 7. Title and Amo Transaction Derivative Expiration Date Securities Unde | | | | | | 9. Number derivative | | 11. Nature of Indirect | | | | |

| | Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------|-----------------------------------|---|--------------------------|---|---|---|-----|-----|--|--------------------|--|-------------------------------------|--------------------------------------|--|---|--|--|
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Explanation of Responses: | | | | | | | | | | | | | | | | | |

Remarks:

/s/ Helen W. Brown, Attorneyin-Fact for C. Robert Knox

05/08/2012

Date

** Signature of Reporting Person

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.