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

3. Date of Earliest Transaction (Month/Day/Year) 05/08/2013 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2013 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 Form filed by More than One Reporting Person Form filed by One filed by O	1. Name and Address of Reporting Person* SMITH SHERWOOD HUBBARD JR					2. Issuer Name and Ticker or Trading Symbol Triangle Capital CORP [TCAP]										ationship of F all applicab Director	eporting Person(s) to Issuer e) 10% Owne		wnor	
SUITE 530 SUITE 530 (Street) RALEIGH NC 27612 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Da	, ,	` ,	,	iddle)			` , ,								7 ^	Officer (g	give title Othe		Other (s	er (specify
City (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Securities Acquired (A) or Disposed (Instr. 3) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Secur						4. If Amendment, Date of Original Filed (Month/Day/Year)										, , ,				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/	,	NC	27	7612												Form file	d by More	than O	ne Reportin	g Person
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Mon	(City)	(State)	(Zi	p)																
Date (Month/Day/Year)			Та	ble I - Nor	ո-Deri	ivativ	e Se	ecuritie	s Acqı	uired, [Disp	osed of,	or E	3enefi	cially Ov	/ned				
Common Stock 05/08/2013 A Include the control of the	1. Title of Security (Instr. 3)		Date		ear)	Execution Date, if any		Transaction Code (Instr.						Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
Common Stock 35,051 I By Wi							Code	v	Amount		(A) or (D)	Price								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned	Common Stock				05/08/2013		3			A		1,682	2	Α	\$0.00	50,530			D	
	Common Stock															35,0	35,051		1	By Wife
(o.g., pato, valid, marraito, options, convertible securities)																ed				
Derivative Security (Instr. 3) Price of	Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	nversion Exercise (Month/Day/Year) ce of rivative	Execution Date, if any		Code (Instr.		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Da		te Securities Und ear) Derivative Secu		derlying curity	Derivative Security	derivative Securities Beneficially Owned Following Reported	e s Illy	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation of Responses: Code V (A) (D) Date Expiration Date Expiration Title Amount Of Number Of Shares Code Co	Employette (5)					Code V		(A)	(D)				or Nur		or Number			1(0)		

Remarks:

/s/ Helen W. Brown, Attorneyin-Fact for Sherwood H. Smith

05/09/2013

** 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.