FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
DMB Number:	3235-0287				
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ours per response					

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 OF SECURITIES

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

Print or Ty	pe Response	s)		T .										
1. Name and Address of Reporting Person * Parker David F			2. Issuer Name and Ticker or Trading Symbol Triangle Capital CORP [TCAP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 3600 GLENWOOD AVENUE, SUITE 104			3. Date of Earliest Transaction (Month/Day/Year) 02/21/2007					X Officer (give title below) Other (specify below) Managing Director						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person						
RALEIGH, NC 27612									Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tab	le I - Non-	Deri	vative Se	ecurities A	Acqui	red, Dispo	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficially Owner Reported Transact (Instr. 3 and 4)		Following	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		02/21/2007		<u>J⁽¹⁾</u>		69,000) A	\$ 0	69,000			D	
Common	Stock		02/21/2007		<u>J(2)</u>		7,467 (3)	A	\$ 0	7,467			I	By LLC
				erivative Securitions.g., puts, calls, wa	es Acquire	the f d, Di	orm dis	plays a of, or Ben	curre eficial	ntly valid	d OMB cor	espond unl ntrol numb		02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transactio Date (Month/Day/	3A. Deemed Execution Da Year) any	4. Transaction Code Year) (Instr. 8)	5. Number of	6. Date Exercisabl and Expiration Da (Month/Day/Year)		cisable on Date	7. Ti Amo Und Secu	itle and 8. Price of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Code V	(A) (D)	Date Exer	e I rcisable I	Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners												
D	0 7	/ 4 7 7		Relationships										
Keporting	Owner Nan	ne / Address	Director 10% Own	ner Officer		Othe	r							

Signatures

RALEIGH, NC 27612

Parker David F

SUITE 104

3600 GLENWOOD AVENUE

/s/ Helen W. Brown, Attorney-in-Fact for David F. Parker	02/23/2007
-*Signature of Reporting Person	Date

Explanation of Responses:

- * 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).

Managing Director

- (1) Shares acquired in exchange for general partnership interests in Triangle Mezzanine Fund, LLLP (the "Fund") as part of the formation transactions in connection with the Issuer's initial public offering. As part of the formation transactions, the Fund became a wholly owned subsidiary of the Issuer.
 - Shares acquired in exchange for limited partnership interests in the Fund as part of the formation transactions in connection with the Issuer's initial public offering. As part

of the formation transactions, the Fund became a wholly owned subsidiary of the Issuer.

(3) Shares beneficailly owned represent reporting person's pro rata ownership interest in a limited liability company.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.