FORM	4
-------------	---

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

02)

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 Type Respon	ses)											
1. Name and Address of Reporting Person – Burgess Brent P W			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			
3700 GLENWOO	D AVENUE,	(Middle) SUITE 530	3. Date of Earliest Transaction (Month/Day/Year) 02/04/2011						X Officer (give title below) Other (specify below) Chief Investment Officer			
(Street) RALEIGH, NC 27612			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 Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	Table I - Non-Derivative Securities Acquired, D						red, Disposed of, or Beneficially Owned		
1. Title of Security (Instr. 3)			2A. Deemed Execution Date, if any (Month/Day/Year)			(A) or Disposed of (D)		1 of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock		03/30/2010		G		4,391	D	\$ 0	177,719	D		
Common Stock		12/07/2010		G		2,500	D	\$ 0	175,219	D		
Common Stock		02/04/2011		F		4,253	D	\$ 20.51	170,966	D		
Common Stock									199,343 <u>(1)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., purs, caus, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.1	Jumbe	6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Der	ivative	e (Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Sec	urities	· · ·		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Dis	posed						Reported	or Indirect	
					of (D)						Transaction(s)	(I)	
					(Ins	str. 3,						(Instr. 4)	(Instr. 4)	
					4, a	nd 5)								
										Amount				
							Date	Evaluation		or				
							Exercisable	Expiration Date	Title	Number				
							Excicisable	Date		of				
				Code V	(A) (D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships						
http://mg.o.mer.r.ame//ridaress		10% Owner	Officer	Other			
Burgess Brent P W 3700 GLENWOOD AVENUE SUITE 530 RALEIGH, NC 27612	Х		Chief Investment Officer				

Signatures

/s/ Helen W. Brown, Attorney-in-Fact for Brent P.W. Burgess	02/04/2011
**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).

(1)

Includes shares of common stock received by reporting person in 2010 pursuant to Triangle Capital Corporation's Dividend Reinvestment Plan.

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.