F	ORM 5	
	Check this box if no longer	

	Check this box if no longer
	subject to Section 16. Form 4
	or Form 5 obligations may
	continue. See Instruction 1(b).
_	Form 3 Holdings Reported

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

02)

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 Transactions Reported Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address Goldstein Benjami		2. Issuer Name <b>and</b> Triangle Capital		<i>.</i>	ool		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				Officer (give title below)	Other (specify	below)		
3700 GLENWOOI	O AVENUE,	(Month/Day/Year) 12/31/2010									
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
RALEIGH, NC 27612								_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-Deriv	ative Sec	urities	Acqui	red, Disposed of, or Beneficiall	y Owned		
1.Title of Security		2. Transaction	2A. Deemed	3. Transaction	4. Securi	ties Ac	quired	5. Amount of Securities	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code	(A) or D	isposed	of	Beneficially Owned at end of	Ownership	of Indirect	
· · · ·		(Month/Day/Year)	any	(Instr. 8)	(D)			Issuer's Fiscal Year	Form:	Beneficial	
			(Month/Day/Year)		(Instr. 3,	4 and 5	)	(Instr. 3 and 4)	Direct (D)	Ownership	
									or Indirect	(Instr. 4)	
						(A) or			(I)		
					Amount	(D)	Price		(Instr. 4)		
Common Stock								18,827 (1)	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 contained in this SEC 2270 (9form 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 a nuts calls warrants ontions a convertible securities

	(e.g., puts, cans, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Nu	mber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amou	unt of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secur	ities			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Acqu	ired			(Instr	: 3 and		Beneficially	Security:	(Instr. 4)
	Security				(A) o	r			4)			Owned at	Direct (D)	
					Dispo	osed						End of	or Indirect	
					of (D								(I)	
					(Instr	· · ·						Fiscal Year	(Instr. 4)	
					4, and	15)						(Instr. 4)		
										Amount				
							Data	Emination		or				
							Date Exercisable	Expiration Date	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Goldstein Benjamin S 3700 GLENWOOD AVENUE SUITE 530 RALEIGH, NC 27612	Х						

## **Signatures**

/s/ Helen W. Brown, Attorney-in-Fact for Benjamin S. Goldstein Signature of Reporting Person



# **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 provided 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.