FORM 4

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

| OMB APP | ROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated averag | e burden |
| nours per respon- | se 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 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

| | pe Response | , | | | | | | | | | 11 25 | | / N | |
|-------------------------------------------------------------------|------------------|-------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------|--------------------------------------------------|----------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------|----------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| 1. Name and Address of Reporting Person *- Goldstein Benjamin S | | | 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 | | | | | |
| (Last) (First) (Middle) 3700 GLENWOOD AVENUE, SUITE 530 | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2013 | | | | | - | | r (give title belo | ow) | Other (specify b | elow) | |
| (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) | Table I - Non-Derivative Securities Acquired, | | | | | red, Disp | , Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | 1 | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Ye | if Code (Instr. 8) | | (A) or (D) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Beneficia | lly Owned l Transaction | Following n(s) | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | C | ode | V Amou | Amount (A) or (D) P | | | | | (I) (Instr. 4) | (msu. 1) |
| ~ | Stock | (| 05/08/2013 | | | A | 1,682 | A | \$ 0 | 27,965 | | | D | |
| Reminder: indirectly. | Report on a | separate line for | each class of secu | rities beneficially | owned | | • | | | | | | | |
| Reminder: | Report on a | separate line for | Table II - D | erivative Secur | ties Acc | P c tr | Persons we contained the form di | in this for splays a | rm are curre | not req | uired to re d OMB co | nformation espond unl ntrol numb | ess | EC 1474 (9- 02) |
| Reminder: indirectly. 1. Title of Derivative Security (Instr. 3) | 2. Conversion | 3. Transaction | Table II - D (e 3A. Deemed Execution Da ear) any | | ties Acovarrant | quired s, option ative (rities ired rosed) . 3, | Persons we contained the form di | of, or Bentible securcisable | rm are curre eficial rities) 7. Ti Amo Unde Secu | not req | uired to red OMB con | espond unl | of 10. Owners: Form of Derivati Security Direct () or Indire | 11. Natural of Indir Benefic Owners (Instr. 4 |

Reporting Owners

| Barratina Orana Nama / Addams | Relationships | | | | | |
|--------------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Goldstein Benjamin S 3700 GLENWOOD AVENUE SUITE 530 RALEIGH, NC 27612 | X | | | | | |

Signatures

| /s/ Helen W. Brown, Attorney-in-Fact for Benjamin S. Goldstein | | 05/09/2013 |
|----------------------------------------------------------------|--|------------|
| 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).

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.