FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated averag	e burden
hours per respons	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

(Print or Ty	pe Response	s)															
Name and Address of Reporting Person * Goldstein Benjamin S				7	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 GLF		AVENUE,			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016							(give title belo		Other (specify b	elow)		
(Street)			4	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						
RALEIGH, NC 27612 (City) (State) (Zip)				(Zip)	Table I - Non-Derivative Securities Acqui												
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Day/Year) E			f Code (Instr. 8)		tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned Following Reported Transaction(s)		Ownership of Form:	7. Nature of Indirect Beneficial				
					(Month/Day/Year)		Cod	le	V	Amount	(A) or (D)	Price	(Instr. 3 a	, ,			Ownership (Instr. 4)
Common	Stock		05/13/2	2016			P			3,000	A	\$ 18.35	44,972			D	
Reminder: Report on a separate line for each class of securities beneficially owned directly or ndirectly. 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 control number. SEC 1474 (9- contained in this form are not required to respond unless the form displays a currently valid OMB control number.																	
				Fable II - De (e.ş	g., puts, c												
Derivative Security Instr. 3) Date (Month/Day/Year) Month/Day/Year) Execution Date, if Code (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				and i	Date Exercisable Expiration Date onth/Day/Year)		Am Un Sec	nount of	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners: Form of Derivati Security Direct (I or Indire	Ownership (Instr. 4) Oct					
					Coo	de V	(A) (Date Exe	e rcisable	Expirati Date	on Tit	Amount or Number of Shares				

Reporting Owners

D (1 0 N (41)	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Goldstein Benjamin S 3700 GLENWOOD AVENUE SUITE 530 RALEIGH, NC 27612	X							

Signatures

Harry S. Pangas, attorney-in-fact for Benjamin S. Goldstein	05/16/2016
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.