## FORM 4

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

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

1. Name a															
1. Name and Address of Reporting Person *			2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer					
Poole E. Ashton			Triangle Capital CORP [TCAP]							(Check all applicable)					
3700 GLENWOOD AVENUE, SUITE 530			3. Date of Earliest Transaction (Month/Day/Year) 08/29/2016						X Officer (give title below) Other (specify below) President and CEO						
(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					
RALEIG	H, NC 276	12									Form file	ed by More than One Repo	ting Person		
(City	y)	(State)	(Zip)	Т	able I -	Non-	Deri	vative S	ecuritie	s Acqui	ired, Disp	osed of, or Benefici	ally Own	ied	
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)		if Cod (Inst	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of ( (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities Illy Owned Followin Transaction(s)	Form	ership on:	7. Nature of Indirect Beneficial	
				(Month/Day/Yea		ode	v	Amount	(A) or (D)	Price	(Instr. 3 a	str. 3 and 4)			Ownership Instr. 4)
Common	Stock		08/29/2016		]	F		4,868	D	\$ 20.09	165,215		D		
Common	Stock										1,666		I	s	By pouse for son)
Common	Stock										1,666		I	s (	By pouse for laughter)
Reminder: indirectly.	Report on a	separate line	for each class of sec	urities beneficially	owned	d direc	tly o	r		l					
	Report on a	separate line	for each class of sec	urities beneficially	owned		Pers	ons wh	n this f	orm ar	e not req	ection of informat uired to respond d OMB control nu	unless	SEG	C 1474 (9- 02)
	Report on a	separate line	Table II - 1	Derivative Securi	ties Ac	quire	Pers cont the f	ons wh ained in orm dis	n this f splays of, or Be	orm ar a curre eneficia	e not req ently valid Ily Owned	uired to respond d OMB control nu	unless	SEG	`
indirectly.  1. Title of	2.	3. Transactio	Table II -	Derivative Securi e.g., puts, calls, v	ties Ac	quire	Pers cont the f d, Di	ons wh ained in orm dis	n this f splays of, or Be ible sec	orm ar a curre eneficia eurities)	e not req ently valid Ily Owned	uired to respond d OMB control nu l 8. Price of 9. Num	unless mber.	0.	02)
1. Title of Derivative	2. Conversion	3. Transactic	Table II - 1	Derivative Securice.g., puts, calls, v	ties Acvarrant 5. Nu	quire	Persont the f d, Di ions,	ons whained in form discorned on converte Exercised on Expiration	of, or Bookible seconds	orm ar a curre eneficia eurities) 7. T Am	e not requently valid	uired to respond d OMB control nu l 8. Price of 9. Num Derivative Derivat	unless mber.	0. Ownershi	11. Natur
indirectly.	2. Conversion	3. Transactio	Table II - 1	Derivative Securi e.g., puts, calls, v	ties Acvarrant 5. Nu	equire ts, optimber vative rities prosed or osed or osed	Persont the f d, Di ions,	ons wh ained ir orm dis sposed of convert	of, or Bookible seconds	eneficia curities) 7. T Am Und	e not requently valid	8. Price of Derivative Security (Instr. 5)  (Instr. 5)  (Instr. 5)  (Instr. 6)  (Instr. 6)  (Instr. 7)  (Instr. 7)  (Instr. 8)	oper of 1 live Coes Fially Esquared do ootion(s) (I	0.  Ownershi  Form of  Derivative  Becurity:  Direct (D  r Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

Denouting Owner Verse / Address		Relationships					
Reporting Owner Name / Address		Director	10% Owner	Officer	Other		
Poole E. Ashton 3700 GLENWOOD AVENUE, SUITE RALEIGH, NC 27612	E 530	X		President and CEO			

## **Signatures**

Harry S. Pangas, attorney-in-fact for E. Ashton Poole	08/30/2016
**Signature of Reporting Person	Date

## **Explanation of Responses:**

\*\* If the form is filed by more than one reporting person see Instruction 4(b)(x) 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.