# FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
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hours per respons	1 0					

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

## 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

Name and Address of Reporting Person *     SMITH SHERWOOD HUBBARD JR.			2. Issuer Name <b>and</b> Ticker or Trading Symbol Triangle Capital CORP [TCAP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X. Director 10% Owner			
(Last) 3700 GLENWOO	(First)  D AVENUE		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016			•	Officer (give title below)	Other (specify	below)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				)	6. Individual or Joint/Group Reporting (check applicable line)			
RALEIGH, NC 27	612							_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	iired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock								86,159 <u>(1)</u>	D		
Common Stock								36,660	I	By spouse	

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 form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	<ol><li>Transaction</li></ol>	3A. Deemed	4.	5. Nui	nber	<ol><li>Date Exer</li></ol>	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature			
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expiration	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect			
Security	or Exercise	(Month/Day/Year)	any	Code	Deriva	ative	(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial			
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securi	ities					Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Acqui	red			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)			
	Security				(A) or				4)			Owned at	Direct (D)				
					Dispo	sed						End of	or Indirect				
					of (D)							Issuer's	(I)				
					(Instr.	3,						Fiscal Year	(Instr. 4)				
					4, and	5)						(Instr. 4)					
										Amount							
							Date	Evniration		or							
							Exercisable	Expiration Date	Title	Number							
							Excicisable	Date		of							
					(A)	(D)				Shares							

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SMITH SHERWOOD HUBBARD JR. 3700 GLENWOOD AVENUE SUITE 530 RALEIGH, NC 27612	X							

### **Signatures**

Harry S. Pangas, attorney-in-fact for Sherwood H. Smith, Jr.	02/07/2017
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 3,007 shares of common stock received in 2016 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.