FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours 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

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person * Mulhern Mark F					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,	(Middle) SUITE 530		3. Date of Earliest Transaction (Month/Day/Year) 05/02/2018							r (give title belo		Other (specify b	elow)
(Street)			4. If	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)					Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Date	2. Transaction Date (Month/Day/Y	Exec ear) any	Execution Date, if	Code (Instr. 8)		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		
				(Mor		Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	. 3 and 4)		Direct (D) Or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/02/2018			A		4,351	A	\$ 11.49	9,791			D	
Reminder: 1 indirectly.	Report on a	separate line fo	or each class of		beneficially		Person con the	sons wh tained i form dis	n this fo	orm ar	re not req ently valid	d OMB cor	formation spond unl itrol numb	ess	EC 1474 (9- 02)
					uts, calls, w										
	Conversion	3. Transaction Date (Month/Day/ ³	Year) Execution	n Date, if	4. Transaction Code (Instr. 8)	5. Numb of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and (Me	Expirati	on Date	Am Und Sec	Fitle and abount of derlying purities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	ve Ownership : (Instr. 4) O)
					Code V	(A) (D		e ercisable	Expirati Date	on Titl	Amount or Number of Shares				

Reporting Owners

Describer Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mulhern Mark F 3700 GLENWOOD AVENUE SUITE 530 RALEIGH, NC 27612	X						

Signatures

Harry S. Pangas, attorney-in-fact for Mark F. Mulhern	05/07/2018	
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.