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

(Print or Ty	pe Response	s)																		
1. Name and Address of Reporting Person* Marcotte Robert L					2. Issuer Name and Ticker or Trading Symbol GLADSTONE CAPITAL CORP [GLAD]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
1521 WESTBRANCH DRIVE, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017								X Officer (give title below) Other (specify below) President							
(Street) MCLEAN, VA 22102				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 PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu							Acquir	ired, Disposed of, or Beneficially Owned							
(Instr. 3) Date (Month/Day/Year)			2A. Deemed Execution Date, if any		_	Code (Instr. 8)		tion 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			(D) Beneficially Owne Reported Transacti		ally Owned I Transaction	Following	Forn	nership o	7. Nature of Indirect Beneficial			
				(Month/Day/Year)		ear)	Со	de	V	Amount	(A) or (D)	Pr	rice	(Instr. 3 a	`		or In		Ownership Instr. 4)	
Common Stock 12		12/15	5/2017				P	•		8,200	A	\$ 9.39 (1)	957	393,641		D				
Common	Stock														1,000			I	E	By Trust
Reminder:	Report on a s	separate line f	or each	t class of secu	Deriv	ative Sec	uriti	ies Ac	equire	Person the	sons whatained in form disposed	no res n this splays	forms a co	n are urren ficially	not requ tly valid	ction of inf uired to res OMB cont	spond unle		SEC 14	474 (9-02)
1. Title of	2	3. Transactio	n e	3A. Deemed	(e.g.,]	outs, calls		arran 5.	ts, op					1	le and	& Price of	9. Number	of 1	0.	11. Nature
Derivative Security	Conversion or Exercise Price of Derivative Security	Date (Month/Day		Execution Da		Transacti Code	ion		rative rities ired rosed) . 3,	and Expiration Date (Month/Day/Year)		Amor Unde Secur	unt of orlying rities and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y I S I C I C I C I C I C I C I C I C I C	Dwnership Form of Derivative Security: Direct (D) or Indirect I) Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
						Code	V	(A)	(D)	Dat Exe	e ercisable	Expira Date	ntion	Title	Amount or Number of Shares					

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Marcotte Robert L 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102			President					

Signatures

Michael LiCalsi, Attorney-in-fact	12/18/2017			
**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).
- The price reported in column 4 is a weighted average price. These shares were purchased in multiple transactions ranging from \$9.3699 to \$9.4300 inclusive. The reporting (1) person undertakes to provide to Gladstone Capital Corporation, any security holder of Gladstone Capital Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

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.