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

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

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

Name and Address of Reporting Person *  LiCalsi Michael				2. Issuer Name and Ticker or Trading Symbol GLADSTONE CAPITAL CORP [GLAD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X Officer (give title below) Other (specify below)  General Counsel and Secretary				
(Last) (First) (Middle) 1521 WESTBRANCH DRIVE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 03/16/2020											
(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 PersonForm filed by More than One Reporting Person					
MCLEAN, VA 22102 (City) (State) (Zip)			Table I. Non Povivative Securities Acou					lired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Title of Security 2. Transactionstr. 3) Date		2. Transaction Date [Month/Day/Year)	2A. Deemed Execution Date, if any	3. Trans Code (Instr. 8	action				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)  6. Ownership Form: B			Beneficial	
				(Month/Day/Year	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)
Common Stock			03/16/2020		P		1,000		\$ 6.744	8,339		I	D	
	Report on a s	separate line for	each class of secur	rities beneficially o	wned dire	Pers cont	ons wh	o respo	rm are	not requ		spond unle	ss	1474 (9-02)
	Report on a s	separate line for	Table II -	Derivative Securit	ies Acqui	Pers cont the f	sons wh tained ir form dis	o responsible this for splays a	rm are currer	not requ ntly valid	uired to res		ss	1474 (9-02)
Reminder:		3. Transaction Date (Month/Day/Y	Table II -  3A. Deemed Execution Da ear)	Derivative Securit (e.g., puts, calls, w	ies Acqui arrants, o	Perscont the f	sons wh tained ir form dis	no responsible for Bertible securisable on Date	neficial urities) 7. Ti Amo	not requ ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indire Benefici Owners! (Instr. 4)

## Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LiCalsi Michael 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102			General Counsel and Secretary				

# **Signatures**

Michael LiCalsi	03/16/2020
**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.