American Capital Senior Floating, Ltd. Form 3 January 13, 2017 FORM 3 UNITED STATES S

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Ad Person <u>*</u> Fitzgerald	-	orting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol American Capital Senior Floating, Ltd. [ACSF]				
(Last)	(First)	(Middle)	01/03/2017	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)	
245 PARK A FLOOR	VENUE,Â	À 44TH						
	(Street)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
NEW YORK, NY 10167				GC, VP and Secretary			Person — Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Ber	neficially Owned	
1.Title of Securi (Instr. 4)	ty		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	1	
Reminder: Repo owned directly c		ate line for ea	ch class of securities benefic	ially SI	EC 1473 (7-02)		
	inform require	ation conta ed to respo	pond to the collection of ained in this form are not nd unless the form displ MB control number.	:				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	· · · ·	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

OMB APPROVAL

Estimated average burden hours per

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January 31,

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Number:

Expires:

response...

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
L O	Director	10% Owner	Officer	Other			
Fitzgerald Ian 245 PARK AVENUE 44TH FLOOR NEW YORK, NY 10167	Â	Â	GC, VP and Secretary	Â			
Signatures							
/s/ Monica Shilling, by power of attorney	/2017						
**Signature of Reporting Person		Da	Date				
Explanation of Responses:							

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Exhibit 24.1 - Power of Attorney

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.