#### SMITH SHERWOOD HUBBARD JR

Form 5

February 11, 2009

3700 GLENWOOD **AVENUE, Â SUITE 530** 

(City)

(Street)

(State)

(Zip)

#### **OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES 1.0 response... may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer SMITH SHERWOOD HUBBARD Symbol JR Triangle Capital CORP [TCAP] (Check all applicable) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (Month/Day/Year) \_X\_ Director 10% Owner

(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Reporting
	Filed(Month/Day/Year)	
		(check applicable line)

12/31/2008

RALEIGH, NCÂ 27612 \_X\_ Form Filed by One Reporting Person

Form Filed by More than One Reporting

(City)	(State) (Z	Zip) Table	I - Non-Deriv	vative Sec	urities	s Acqui	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit Acquired Disposed (Instr. 3,	(A) o l of (D	)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	Â	Â	Â	Â	Â	Â	47,053 <u>(1)</u>	D	Â

Stock

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.

Officer (give title

below)

Other (specify

below)

SEC 2270 (9-02)

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Da	ate	Amou	int of	Derivative
Security	or Exercise	•	any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration	Title	or Number	
						Exercisable Date	Date	Title	of	
					(A) (D)				Shares	
					(A) $(D)$				Shares	

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
200por ung 0 (1202 - 1202) - 1202 - 1202	Director	10% Owner	Officer	Other		
SMITH SHERWOOD HUBBARD JR 3700 GLENWOOD AVENUE						
SUITE 530	ÂX	Â	Â	Â		
RALEIGH, NC 27612						

# **Signatures**

Robert C. Humphreys, Attorney-in-Fact for Sherwood H. Smith, Jr. 02/11/2009

\*\*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 shares of common stock received by reporting person in 2008 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.

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