CAPITAL SOUTHWEST CORP

Form 4 May 27, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

STATEMENT OF CHANGES IN 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

may continue. See Instruction

1(b).

(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol CAPITAL SOUTHWEST CORP [CSWC]				5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
CORPORA	(First) (FAL SOUTHWE: ATION, 5400 LYMON FWY, SUITE	NDON	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2015				Director 10% Owner				
DALLAS,	(Street)			ndment, Date Original nth/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			
		(7 :)						Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativo	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution		3. Transaction Code (Instr. 8)		sed of 4 and (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/22/2015			M	650	A	\$ 19.18	11,650	D		
Common Stock	05/22/2015			S	650	D	\$ 51.0533	11,000	D		
Common Stock	05/26/2015			M	3,433	A	\$ 19.18	14,433	D		
Common Stock	05/26/2015			S	3,433	D	\$ 51.0262	11,000	D		

10,345

I

OMB APPROVAL

3235-0287

January 31,

2005

0.5

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Number:

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response...

Estimated average

burden hours per

Common Stock

By ESOP

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.

Deletionships

SEC 1474 (9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Options	\$ 19.18	05/22/2015		M	650	(2)	10/19/2019	Common Stock	650
Incentive Stock Options	\$ 19.18	05/26/2015		M	3,433	(2)	10/19/2019	Common Stock	3,433

Reporting Owners

Reporting Owner Name / Address	Relationships				
. 0	Director	10% Owner	Officer	Other	
ASHBAUGH WILLIAM M C/O CAPITAL SOUTHWEST CORPORATION 5400 LYNDON B. JOHNSON FWY, SUITE 1300 DALLAS, TX 75240			Senior Vice President		

Signatures

/s/ William B. Ashbaugh	05/27/2015		
**Signature of Reporting	Date		

Reporting Owners 2

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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) Reflects ESOP allocations to Mr. Ashbaugh.
- (2) The options, representing a right to purchase a total of 8,000 shares following the four-for-one split, became exerciseable in two equal annual installments beginning on October 19, 2013.

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.