## Edgar Filing: BARTLETT STEVE - Form 4

BARTLETT	STEVE										
Form 4											
May 22, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB	3235-0287			
Check thi	is box		washii	ngton,	D.C. 20	549			Number:	January 31,	
if no long	ter	MENT O	E CHANCI	S IN I	DENIEFI			NEDSHID OF	Expires:	2005	
5	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS						VERSHIP OF	Estimated a	•		
Section 1 Form 4 o			51	LCUN	IIIE3				burden hou		
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligation	ns Section 1						-	1935 or Section	n		
may cont See Instru	inue.		of the Inves	•	•	· ·					
1(b).	uction	()			r	5		-			
(Print or Type F	Responses)										
	ddress of Reportin	ng Person <sup>*</sup>	2. Issuer Na	ame <b>and</b> Ticker or Trading			ng	5. Relationship of Reporting Person(s) to			
BARTLETT STEVE Symbol Issue					Issuer						
ARES CAPITAL CORP [ARCC]						k all applicable)					
(Last)	(First)	(Middle)	3. Date of Ea	rliest Tra	insaction			(enec	n un uppricuore	)	
(Month/D			(Month/Day/	/Day/Year)				X Director 10% Owner			
C/O ARES CAPITAL 05/2			05/21/2018	05/21/2018				Officer (give title Other (specify below) below)			
	TION, 245 PA	RK						below)	below)		
AVENUE, 4	44TH FLOOR										
	(Street)		4. If Amendm	endment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/E	1th/Day/Year)				Applicable Line)			
_X_ Form filed by O							ne Reporting Person ore than One Reporting				
NEW YORI	K, NY 10167							Person		porting	
(City)	(State)	(Zip)	Tabla I	Non D	minativa	Soone	itios A or	uired, Disposed of	or Popoficial	v Owned	
							-			•	
1.Title of	2. Transaction D		3. 4. Securities Acquired				5. Amount of Securities	6. Ownership			
Security (Month/Day/Year) Execution Date, if (Instr. 3) any				Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct Indirect (D) or Beneficial	Beneficial	
(Month/Day/Year)				(Instr. 8)			Owned	Indirect (I)	Ownership		
			• • •					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C			Co	ode V	Amount	(D)	Price	(insure und i)			
Common	05/21/2018		Р	<b>o</b> (1)	200	А	\$	9,800	D		
Stock							16.59				

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: BARTLETT STEVE - Form 4

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BARTLETT STEVE C/O ARES CAPITAL CORPORATION 245 PARK AVENUE, 44TH FLOOR NEW YORK, NY 10167	Х						
Signatures							
/s/ Monica Shilling, by power of attorney	05/22/2018						
**Signature of Reporting Person	I	Date					
Evalence of Decrease							

## **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) The purchase reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 2, 2017.

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.