Edgar Filing: ARES CAPITAL CORP - Form 4

ARES CAPI	TAL CORP											
Form 4												
December 23	3, 2014											
FORM	14									PPROVAL		
	UNITE	ED STATE		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check the if no long							Expires:	January 31,				
subject to	State 1 and 1 a	EMENT C	OF CHAN			CIA	L OW	NERSHIP OF	Estimated a	2005 average		
Section 1	6.			SECUR	ITIES				burden hou			
Form 4 o			~		~ •		_		response 0.			
Form 5 obligation		•					-	ge Act of 1934,				
may cont	Nection			•	U			f 1935 or Sectio	n			
See Instru	uction	30(h) of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type F	Responses)											
(I fine of Type I	(copolises)											
1. Name and Address of Reporting Person <u>*</u> BARTLETT STEVE			2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			-	CAPITAL	CORP	ARC	[C]	(71				
(Last)	(First)					(Chec	eck all applicable)					
(Lust)	(1130)	(made)	(Month/D		alisaction			X Director	10%	Owner		
			12/22/20	-				Officer (give titleOther (specify				
FLOOR	,							below)	below)			
	(Street)		4 If Ame	ndment Da	te Original			6 Individual or I	oint/Group Filip	or (Check		
				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			Thea(mon	un/Duy/Tear)	,			_X_ Form filed by	One Reporting Pe	erson		
NEW YOR	K, NY 10167							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Aco	quired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction			3.				5. Amount of	6. Ownership			
Security	(Month/Day/Ye		on Date, if	Transactio		ispose	d of	Securities	Form: Direct			
(Instr. 3)		any (Month	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(j)	((-)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common Stock	12/22/2014			P <u>(1)</u>	100	А	\$ 15.9	3,800	D			

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)

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. Transactic Code (Instr. 8)	5. onNumber 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 Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting officer tame / rear cos	Director	10% Owner	Officer Othe				
BARTLETT STEVE 245 PARK AVENUE 44TH FLOOR NEW YORK, NY 10167	Х						
Signatures							
/s/ Monica Shilling, by power of attorney	of	12/23/2014					
**Signature of Reporting Person		Da	te				

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 March 4, 2014.

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.