SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*       2. Date of Event Requiring Statement (Month/Day/Year)         0wen Jeffery S.       01/01/2016		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>OFS Capital Corp</u> [ OFS ]							
(Last) (First) (Middle) C/O OFS CAPITAL CORPORATION			Relationship of Reporting Persc leck all applicable) Director	on(s) to Issue 10% Owne			Amendment, Da th/Day/Year)	ate of Original Filed	
10 S. WACKER DRIVE, SUITE 2500			X Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) CHICAGO IL 60606 (City) (State) (Zip)			Chief Accounting	Onicer		Х		y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			nount of Securities ficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			0	D					
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable ar Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Jnderlying Derivative Securit			ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expir Exercisable Date		Fitle	Amount Deriv or Secu Number of Shares		tive or Indirect			
Explanation of Responses:			/s/ Je	ffery S. Ov	ven		01/07/20	16	

/s/ Jeffery S. Owen

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.