FORM 4

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
HENSON MARY BETH (Last) (First) (Middle)	ARES CAPITAL CORP [ARCC] 3. Date of Earliest Transaction (MM/DD/YYYY)	_X_ Director 10% Owner Officer (give title below) Other (specify below)				
C/O ARES CAPITAL CORPORATION, 245 PARK AVENUE, 44TH FLOOR	3/14/2022					
(Street) NEW YORK, NY 10167 (City) (State) (Zip)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) _X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1 77 4 60 1		04 D 1	ат <u>с</u>	1	1.0 .		· 1(A)		1	7.31.4
	2. Trans. Date		3. Trans. Code						6.	Nature
(Instr. 3)		Execution	(Instr. 8)		or Disposed of (D))	Following Reported Transaction(s)	Ownership	of Indirect
		Date, if any	(Instr. 3, 4 and 5)			(Instr. 3 and 4)	Form:	Beneficial		
		-							Direct (D)	Ownership
									or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	
Common Stock	3/14/2022		Р		6000	А	\$20.05 <u>(1)</u>	6000	D	

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

1. Title of Derivate	2.	3. Trans.	3A. Deemed	4. Trans. C	Code	5. Number	of	6. Date Exer	cisable	7. Tit	e and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative	Securities	and Expirati	on Date	Secur	ities Underlying	Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (A	A) or	-		Deriv	ative Security	Security	Securities	Form of	Beneficial
	Price of					Disposed o	f (D)			(Instr.	3 and 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(Instr. 3, 4	and 5)			-	-		Owned	Security:	(Instr. 4)
	Security												Following	Direct (D)	
	-												Reported	or Indirect	
								Date	Expiration	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)	Exercisable	Date	THE	Shares		(Instr. 4)	4)	

Explanation of Responses:

(1) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$19.99 to \$20.11, inclusive. The reporting person undertakes to provide to Ares Capital Corporation, any security holder of Ares Capital Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (1) to this Form 4.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Warte / Address	Director	10% Owner	Officer	Other			
HENSON MARY BETH C/O ARES CAPITAL CORPORATION	x						
245 PARK AVENUE, 44TH FLOOR NEW YORK, NY 10167							

Signatures

/s/ Monica Shilling, by power of attorney	3/16/2022
---	-----------

**Signature of Reporting Person

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

Date

* 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).

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 control number.