

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).
[] Form 3 Holdings Reported
[] Form 4 Transactions
Reported

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

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ANNUAL 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

The same and radiose of respecting respect					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
deVeer R. Ki	ipp			4	ARES	S CAP	ITAL CO	ORF	P [00	01287	750]						
(Last) (First) (Middle)					3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY)							X_ Director 10% Owner X_ Officer (give title below) Other (specify below)						
C/O ARES C 245 PARK A				/			12/31	1/202	20				Chief Executiv	e Officer				
	(Stree				4. If Aı	nendme	nt, Date Or	rigina	ıl Filec	d(MM/D	D/YYY	YY)	6. Individual or	Joint/Gro	oup Filing(Check Appli	cable Line)	
NEW YORK, NY 10167 (City) (State) (Zip)												X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person						
			Table 1	I - Non-D	Perivat	ive Secu	ırities Acq	uired	d, Dis _l	posed (of, or	Ве	eneficially Owned	l				
1.Title of Security (Instr. 3)				2. Trans. Da	Exec	Deemed cution e, if any	3. Trans. Cod (Instr. 8)	o	4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)			A)	5. Amount of Securitie Following Reported Tr (Instr. 3 and 4)			Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
									Amoun	(A)		rice				or Indirect (I) (Instr. 4)		
Common Stock				10/16/2020	0		G	2	225000	<u>(1)</u> D	\$	60	0		D			
Common Stock				10/16/2020			G	2	225000	(1) A	\$	60	300000 (1)(2)		I	By Trust		
Table	II - Derivat	ive Secur	ities A	cquired,	Dispos	sed of, o	r Beneficia	ally O	Owned	l (e.g.,	puts,	ca	ılls, warrants, opt	ions, con	vertible se	curities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Dec Executi Date, if	on Code	Derivati		ve Securities I (A) or I of (D)	Expir	Date Exercisable and xpiration Date MM/DD/YYYY)		Sec Der	urit rivat	and Amount of ies Underlying tive Security 3 and 4)	(Instr. 5)	of Derivative Securities Beneficially	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						(A)	(D)	Date Exerc	cisable	Expiration Date	n Titl	le $\frac{1}{5}$	Amount or Number of Shares		Owned at End of Issuer's Fiscal Year (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		

Explanation of Responses:

- (1) The 225,000 shares gifted by the reporting person on October 16, 2020 were transferred to a revocable trust in which the reporting person and his wife are trustees and beneficiaries.
- (2) Includes 75,000 shares previously reported as directly owned by the reporting person in a Form 4 filed on October 30, 2020. These shares were later determined to be held indirectly through a revocable trust in which the reporting person and his wife are trustees and beneficiaries.

Reporting Owners

Reporting 6 whers	Relationships								
Reporting Owner Name / Address	Director	10% Owner		Other					
deVeer R. Kipp C/O ARES CAPITAL CORPORATION 245 PARK AVENUE, 44TH FLOOR NEW YORK, NY 10167	X		Chief Executive Officer						

Signatures

/s/ Joshua Bloomstein, by power of attorney 2/12/202

**Signature of Reporting Person Date

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

- * 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.