FORM 4	
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[] 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

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# 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 <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
ROLL PENELOPE F	ARES CAPITAL CORP [ ARCC ]	Director 10% Owner
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	
C/O ARES CAPITAL	11/20/2018	Chief Financial Officer
CORPORATION, 245 PARK AVENUE,		
44TH FLOOR		
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)
NEW YORK, NY 10167		X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (State) (Zip)		

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

1.Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Co (Instr. 8)	nstr. 8) Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form:	Beneficia	
			Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	11/20/2018		s		6000	D	\$16.76 ( <u>1</u> )	56305	I	By trust (2)
Common Stock								11147	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 and	7. Tit	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative Securities Expiration Date		xpiration Date Securities Underlying		Derivative	derivative	Ownership	of Indirect		
(Instr. 3)	or Exercise		Date, if any			Acquired (A) or		Derivative 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)	
	-							Date	Expiration		Amount or Number of		Reported	or Indirect	
								Exercisable	Date	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)						(Instr. 4)	4)	

### **Explanation of Responses:**

- (1) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.76 to \$16.77, 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 sold at each separate price within the range set forth in footnote (1) to this Form 4.
- (2) These shares are held in a revocable trust for the benefit of the reporting person, the reporting person's spouse and the reporting person's children.

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
ROLL PENELOPE F								
C/O ARES CAPITAL CORPORATION			Chief Financial Officer					
245 PARK AVENUE, 44TH FLOOR			Ciller Fillancial Officer					
NEW YORK, NY 10167								

#### Signatures

/s/	Monica	Shilling,	by	power	of	attorney
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11/21/2018

\*\* 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.