

[] 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) | | | | | |
|--|---|--------------|-------------|---|---|-----------------------------|--|------------|---|---------------|---------------------|---|---|------------------------|---|---|------------|
| BARTLETT STEVE | | | | | | ARES CAPITAL CORP [ARCC] | | | | | | | X Director | , | 1 | 0% Owner | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | Officer (give title below) Other (specify below) | | | | |
| C/O ARES CAPITAL | | | | | 2/20/2019 | | | | | | | | | | | | |
| CORPORAT 44TH FLOC | | 5 PARI | (AV | ENUE, | | | | | | | | | | | | | |
| (Street) | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | Y) 6. Individual of | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| NEW YORK, NY 10167 (City) (State) (Zip) | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Table | I - Non- | Der | ivati | ive Secu | ırities Ac | quir | ed, Dis | posed o | f, or l | Beneficially Own | ed | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. E | ate 2A. Deemed Execution Date, if any | | 3. Trans. Coo (Instr. 8) | de 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | Beneficial Ownership | | | | | |
| Common Stock 2/20/2019 | | | | 9 | | P (1) | | 200 | · ` ′ | \$17.12 | | 11200 | | D | | | |
| | Tab | le II - Der | rivative | Securit | ies F | Bene | ficially | Owned (| e.g. | , puts, | calls, wa | arran | ts, options, conve | rtible sec | urities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | ive Date Exe | Executi | 3A. Deemed Execution Date, if any | | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | | Securi Deriva | e and Amount of ties Underlying tive Security 3 and 4) | Derivative Security | Securities Beneficially Owned | Ownership Form of Derivative Security: | Beneficial |
| | Security | | | C | ode | V | (A) | (D) | Date | e rcisable | Expiration Date | | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) The purchase reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 14, 2018.

Reporting Owners

| Keporting Owners | | | | | | | | |
|--------------------------------|--------------------|--|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | | |
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | | |
| BARTLETT STEVE | | | | | | | | |
| C/O ARES CAPITAL CORPORATION | X | | | | | | | |
| 245 PARK AVENUE, 44TH FLOOR | 11 | | | | | | | |
| NEW YORK, NY 10167 | | | | | | | | |

Signatures

| /s/ Monica Shilling, by power of attorney | 2/22/2019 |
|---|-----------|
| ** 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.