

☐ 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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
SCHNABEL MICHAEL KORT					ARES CAPITAL CORP [ARCC]							Director	Ź	10%	Owner	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below)			
C/O ARES CAPITAL CORPORATION, 245 PARK AVENUE,				UE,	5/2/2023							Co-President		,	(4)	,
44TH FLOOR																
(Street)				4.	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													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication											
					☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan											
				tha	it is ii	ntendec	l to satisfy	the	affirma	tive def	ense c	onditions of Rule	10b5-1(c)	See Instruc	tion 10.	
			Table I -	- Non-Dei	rivati	ve Sec	urities Ac	quir	ed, Dis	posed o	f, or I	Beneficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. D				ate 2A. Deemed Execution Date, if any		3. Trans. Cod (Instr. 8)		4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)		red (A) 5. Amount of Sec Following Report (Instr. 3 and 4)		urities Beneficially Owned and Transaction(s)		6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership		
							Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 5/2/2023				5/2/2023			P		15000	A	\$17.84	1).	15000		D	
	Tabl	le II - Der	ivative S	Securities	Bene	eficially	Owned ((e.g.,	puts,	calls, wa	ırrant	s, options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exec	3A. Deeme Execution Date, if any	(Instr. 8)	Acquir Dispos		over of twe Securities d (A) or d of (D) , 4 and 5)		6. Date Exercisable and Expiration Date		Securi Deriva	e and Amount of ties Underlying tive Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Dat Exe	te ercisable	Expiration Date		Amount or Number of Shares		Transaction(s) (Instr. 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 \$17.83 to \$17.84, 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 Ivaline / Address	Director 10% Owner Officer		Officer	Other			
SCHNABEL MICHAEL KORT							
C/O ARES CAPITAL CORPORATION			Co-President				
245 PARK AVENUE, 44TH FLOOR			Co-r resident				
NEW YORK, NY 10167							

Signatures

/s/ Lisa Morgan, by power of attorney	5/4/2023		
**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.