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 Pe	erson *		5. Relationship of Reporting Person(s) to Issuer				
			(Check all applicable)				
McKeever Steven B.		ARES CAPITAL CORP [ARCC]	V Director 100/ Oceanor				
(Last) (First) (M	liddle)	3. Date of Earliest Transaction (MM/DD/YYYY)	X Director 10% Owner				
			Officer (give title below) Other (specify below)				
C/O ARES CAPITAL		5/13/2019					
CORPORATION, 245 PARE	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 (City) (State) (Zi	ip)		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

2. Trans. Date	24 D								
		3. Trans. Co (Instr. 8)					· · · · · · · · · · · · · · · · · · ·	6. Ownership	7. Nature of Indirect
	Date, if any				(Instr. 3 and 4)	Form:	Beneficial		
					(A) or			or Indirect	
		Code	V	Amount	(D)	Price		4)	
5/13/2019		Р		5640	A	\$17.52	19370 <u>(1)</u>	D	
	5/13/2019	Date, if any	Date, if any Code	Date, if any Code V	Date, if any Code V Amount	Date, if any (Instr. 3, 4 and 5) Code V Amount (D)	Date, if any (Instr. 3, 4 and 5) Code V Amount (A) or (D) Price	Date, if any (Instr. 3, 4 and 5) (Instr. 3 and 4) Code V Amount (A) or (D) Price	Date, if any (Instr. 3, 4 and 5) (Instr. 3 and 4) Form: Direct (D) or Indirect (I) (Instr. 4) Code V Amount (A) or (D) Price Instr. 3 and 4) Form: Direct (D) or Indirect (I) (Instr. 4)

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. 0	Code	5. Number	of	6. Date Exer	rcisable 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		Securities Underlying		Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (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)	
	-							Date	Expiration		Amount or Number of		Reported	or Indirect	
								Exercisable D	Date	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)						(Instr. 4)	4)	

Explanation of Responses:

(1) Includes 3,430 shares acquired under the Dividend Reinvestment Plan of Ares Capital Corporation not previously reported since prior filing pursuant to Rule 16a-11 under the Securities Exchange Act of 1934.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
McKeever Steven B. C/O ARES CAPITAL CORPORATION 245 PARK AVENUE, 44TH FLOOR NEW YORK, NY 10167	x						

Signatures

/s/ Monica Shilling, by power of attorney	
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** Signature of Reporting Person

Date

5/17/2019

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.