

[] 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) | | | | | | |
|--|---|-------------|-------------------------------------|------------------------|--|------------|------------------------------------|--------------|--|--------------------|---|---|--|--------------------------------------|---|--|--|
| Arougheti M | Iichael J | | | \mathbf{A} | RES | S CAP | ITAL C | OF | RP [. | ARCC |] | | | | | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X_ Director10% Owner | | | | | |
| | | | | | | | | | | | | | _X_ Officer (given by Company of Security Executive Vicence Vi | | | her (specify | below) |
| C/O ARES CAPITAL | | | | | 10/28/2020 | | | | | | | Executive Vic | ce Presia | ent | | | |
| CORPORA | | 45 PAR | K AVI | ENUE, | | | | | | | | | | | | | |
| 44TH FLOC | | | | | | - | | | 1.00 | | | | | * 1 | | | |
| | (Str | reet) | | 4. | lf Ar | nendme | nt, Date O | rigir | nal Fil | ed (MM/D | D/YY | YY) | 6. Individual of | or Joint/G | roup Filing | (Check Appl | icable Line) |
| NEW YORK, NY 10167 | | | | | | | | | | | X _ Form filed by One Reporting Person | | | | | | |
| (0 | City) (St | tate) (Z | Zip) | | | | | | | | | | Form filed by | More than (| One Reporting P | Person | |
| 1.Title of Security | | | | I - Non-De | | | rities Acc | • | | isposed o | | | eficially Owner | | ally Owned | 6. | 7. Nature |
| (Instr. 3) | | | 2. Hans. Date | Execution Date, if any | | (Instr. 8) | or Disposed of (Instr. 3, 4 and | | sposed of (D |) Follow | | Illowing Reported Transaction(s) str. 3 and 4) | | Ownership Form: | of Indirect Beneficial | | |
| | | | | | | | Code | v | Amou | (A) or (D) | Pric | ce | | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | | | 10/28/2020 | | | P | | 1000 | 0 A | \$13.9 | .92 | 13 | 08080 (1) | | D | |
| | Ta | ble II - De | erivative | Securities | Ben | eficially | Owned (| e.g., | puts, | calls, wa | ırran | ıts, o | ptions, conver | tible secu | urities) | • | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | Date E | 3A. Deer Execution Date, if a | on (Instr. 8) | rans. Code 5. Numb Derivati Acquired Disposed (Instr. 3, | | (A) or of (D) | | 6. Date Exercisable and Expiration Date | | | | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned | Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Code | V | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amo | ount or Number of | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Includes 313,545 shares not previously reported pursuant to Rule 16a-11 under the Securities Exchange Act of 1934 that were acquired under Ares Capital Corporation's Dividend Reinvestment Plan after Mr. Arougheti's immediately prior Form 4 filing.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|--------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Arougheti Michael J C/O ARES CAPITAL CORPORATION 245 PARK AVENUE, 44TH FLOOR NEW YORK, NY 10167 | X | | Executive Vice President | | | | |

Signatures

| /s/ Monica Shilling, by power of attorney | 10/30/2020 |
|---|------------|
| **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.