Edgar Filing: Gable Scott - Form 4

Gable Scott											
Form 4											
March 26, 2	010										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO									OMB APPROVAL		
	UNITED	STATES					COMMISSION	OND	3235-0287		
Check th	uis box		Wa	shington	, D.C. 20	Number:					
if no lon	cor							Expires:	January 31, 2005		
subject t	o SIAIEN	AENT OF	CHAI	NGES IN BENEFICIAL OWNERSHIP OF				Estimated	Estimated average		
Section				SECUF	RITIES	burden hours per					
Form 4 o Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	. 0.5		
obligatio	n a –						of 1935 or Section	-n			
may con	unue.			•	•	ny Act of 1		JII			
<i>See</i> Instr 1(b).	ruction	50(II)	or the h	nvestment	Compa		740				
1(0).											
(Print or Type	Responses)										
				. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
Gable Scott	[Symbol		ama	0.011	155001				
			HERCULES TECHNOLOGY GROWTH CAPITAL INC [HTGC]				(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction		Director		% Owner		
				Day/Year)			X Officer (giv below)	ve title Oth below)	ner (specify		
	ULES TECHNO	LOGY	03/24/2	2010			· · · · · · · · · · · · · · · · · · ·	Operating Offi	cer		
	CAPITAL, 400	210									
HAMILTO	N AVE., SUITE	310									
			4. If Am	If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person				
	CA 04201							More than One R			
FALU ALI	TO, CA 94301						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Form: Direct	Indirect Beneficial Ownership		
(Instr. 3)							-	(D) or indirect (I)			
		(111011111/200	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1115111-0)	(1115111-0)			(Instr. 4)	(Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(mout 5 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benet	ficially ow	ned directly of	or indirectly.				

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	 5. Number of 5. Number of ctionDerivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options to purchase common stock	\$ 10.5	03/24/2010		A	150,000		<u>(1)</u>	03/24/2017	Common Stock \$.001 par value	150,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Gable Scott C/O HERCULES TECHNOLOGY GROWTH CAPITA 400 HAMILTON AVE., SUITE 310 PALO ALTO, CA 94301	AL		Chief Operating Officer				
Signatures							
/s/Scott Harvey Attorney-in-Fact for Scott Gable	03/26/2010						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

- * 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).
- (1) One-third of the options vest on 03/24/2011 and two-thirds of the options vest prorata over the following twenty four months ending 03/24/2013.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.