## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1/h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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*  KOENIG THEODORE L				2. Issuer Name <b>and</b> Ticker or Trading Symbol MONROE CAPITAL Corp [ MRCC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) (First) (Middle) C/O MONROE CAPITAL CORPORATION 311 SOUTH WACKER DRIVE, SUITE 6400				3. Date of Earliest Transaction (Month/Day/Year) 06/13/2017									X Officer (give title below) Other (specify below)  Chairman, President & CEO						
(Street) CHICAGO IL 60606 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine)  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																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following		,	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	Code V		ount	(A) or (D) Price			Reported Transaction (Instr. 3 and				(Instr. 4)	
Common	Common Stock 06/13/2017						P		10	6,697	A	\$14.947	(2)	34,466.2(1)		D			
Common	stock													20,643 <sup>(1)</sup> I Family Founda				ily	
Common Stock												207,799.32(1)			I		In Partnership by MC Opportunities Fund LP		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security or Exercise (Month/Day/Year) if any			Execution Date, if any	4. Transaction Code (Instr. 8)  Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		tive ties red	Expirati	Exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		3	8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ve ies ially ng ed ction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	· v	(A)		Date Exercisal		Expiration		Amour or Numbe of Shares	er							

## **Explanation of Responses:**

- 1. Includes shares acquired through the Dividend Reinvestment Plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$14.927 to \$14.97, inclusive. The reporting person undertakes to provide to Monroe Capital Corporation, any security holder of Monroe Capital Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and prices at which the transaction was effected.

/s/ Theodore L. Koenig by Nelson Mullins Riley & Scarborough LLP with Power

06/14/2017

of Attorney

\*\* 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 Number.