FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
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| l | Estimated average burden | | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | | |

| 1. Name and Address of Reporting Person* Pearson Dayl W (Last) (First) (Middle) C/O KCAP FINANCIAL, INC. 295 MADISON AVENUE, 6TH FLOOR | | | | | 2. Issuer Name and Ticker or Trading Symbol KCAP Financial, Inc. [KCAP] 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2015 | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) President and CEO | | | Owner (specify | |
|--|---|------|-----------|-------------------------------------|---|--|---|--------|--------------------------------------|--|----------------------|---|---|---|--|--|---|---|--|
| (Street) NEW YORK NY 10017 (City) (State) (Zip) | | | | | _ 4. II | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - No | n-Deri\ | /ative | Se | curitie | es Acc | quired, | Dis | sposed o | f, oı | Bene | eficia | ally Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | action(s) 3 and 4) | | (111311.4) | | | | |
| Common Stock 06/20/ | | | | | | | | | F | | 10,75 | 7 D | | \$6 | .07 2 | 97,882 | D | | |
| Common Stock 06/23/ | | | | | | | | | | | 63,114 | 4 ⁽¹⁾ A | | \$ | 0 3 | 60,996 | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Code (8) | ansaction of ode (Instr. Derivative | | vative irities uired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title | | ount nber | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Shares of restricted stock granted to the reporting person pursuant to the Company's 2006 Equity Incentive Plan, as Amended and Restated Effective June 20, 2014. One quarter of the restricted stock award will vest on each of the first, second, third and fourth anniversaries of the grant date.

/s/ Dayl W. Pearson

06/23/2015

** 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.