FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
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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).

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

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1. Name and Address of Reporting Person* <u>Gilligan Daniel P.</u>							2. Issuer Name and Ticker or Trading Symbol KCAP Financial, Inc. [KCAP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Gilligan Daniel P.																Direc			10% C		
,					-									_	X	Offic belov	er (give title			(specify	
(Last)	(1		3. Date of Earliest Transaction (Month/Day/Year)										beio	,							
C/O KCAP FINANCIAL, INC.							06/20/2014								Vice President						
295 MADISON AVENUE, 6TH FLOOR																					
255 MADISON AVENCE, UTIL PEOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)					· ···	II / in ordericit, bate of Original Filed (World / bay/ Teal)										Line)					
(Street) NEW YO	NDIZ N	IY :	10017												X	Forn	n filed by One	e Rep	orting Pers	on	
NEW IC	JKK I	(1	10017													Form filed by More than One Reporting					
,					-											Pers	on				
(City)	(5	State)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (In:	str. 3)		2. Trans	action	7	2A. Deem	ed	3. 4. Securities Acquired (A)					(A) or		5. Amo			wnership	7. Nature	
Date (Month/Da					Day/Year) if		Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed Of (D) (Instr. 3, 4			3, 4 aı	Bei		neficially		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
									Code V Amou		+	(A) or					orted saction(s) r. 3 and 4)			(Instr. 4)	
										۱۷	Amount		(D) Pric								
Common Stock 06/20/						5/20/2014					30,902	30,902 ⁽¹⁾ A		\$	0	67,732(1)			D		
		T:	hla II - I	Derivat	ive S	ACII	ıritide	Λcαμί	ired D	ienc	osed of,	or F	Ranafi	ciall	ν Ον	wned		-			
		10									onvertib				y O	viicu					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transactio				6. Date Exercisable Expiration Date		te	Amour		nt of		ice of vative	9. Number of derivative	c	Ownership	11. Nature of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)			Code (8)	Instr.	tr. Derivative Securities		(Month/Day/Year)			Securities Underlying			Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
	Derivative Security							Acquired (A) or		Derivative Security (Ir				etr 3		-	Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
	Security						Disposed		and 4)			311. 3			Reported		ı) (msu. 4)				
							of (D) (Instr. 3, 4										Transaction (Instr. 4)	ı(s)			
						and 5)										` ′					
				[ount							
													or Nur	nber							
					Code	l,	(A)		Date Exercisa		Expiration Date	Title	of e Sha	res							
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Explanation of Responses:

1. Shares of restricted stock granted to the reporting person pursuant to the Company's 2006 Amended and Restated Equity Incentive Plan. One half of the restricted stock award will vest on each of the third and fourth anniversaries of the grant date.

/s/ Daniel P. Gilligan

06/24/2014

** 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.