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 OF **SECURITIES**

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

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

| (Print or Ty | pe Respon | ses) | | | | | | | | | | | | | | |
|--|----------------------------------|--------------|--------------------|--|------------------------|---------------------|-----------|--|--------------------|---|--|--|--|------------------------|--|--|
| Name and Address of Reporting Person * Beauvais Jason B | | | | Issuer Name and Ticker or Trading Symbol Main Street Capital CORP [MAIN] | | | | | I | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 1300 POST OAK BLVD., STE. 800 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2009 | | | | | b | Officer (give title Other (specify below) below) VP, General Counsel, Secretary | | | | elow) | | |
| HOUSTO | | 7056 | | 4. If Amendn Filed(Month/Da | | e Ori | iginal | | Α | o. Individual or applicable Line) X_ Form filed by 0 Form filed by 1 | One Rep | orting Pers | on | | | |
| (City) | (S | tate) (Z | ip) | Table I - | Non-Dei | rivat | ive Secur | ities . | Acquir | ed, Disposed | of, or | Beneficia | ally Owned | 1 | | |
| 1.Title of S (Instr. 3) | otr. 3) Date (Month/Day/Year) an | | Exec ar) any | Deemed ution Date, if nth/Day/Year) | Code | Transaction Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially O Following Rep Transaction(s) (Instr. 3 and 4) | wned Form: Direct or Indi | | 7. Natu of Indir Benefic (D) Owners rect (Instr. 4 | irect cial rship | | |
| | | | | | Code | V | Amount | | Price | | | (Instr. 4 | 1) | | | |
| Common | Stock | 07/15/2009 | | | <u>J⁽¹⁾</u> | | 84.59 | A | \$ 14 | 14,045.607 | | D | | | | |
| | | Table II | | tive Securitie | _ | _cu | rrently v | of, o | OMB o | unless the fo control numb ficially Owned | oer. | spiays | a | | | |
| (Instr. 3) | | (Month/Day/Y | 3A Exercise any | . Deemed ecution Date, i | 4. Trans Code | actio | 5. | five lies ed led led led led led led led led led | . Date l nd Exp | Exercisable iration Date Day/Year) | 7. Titl Amou Unde Secur (Instr 4) | ınt of rlying | Derivative Security (Instr. 5) | Owned | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | e V | 7 (A) (| E | Date Exercisa | Expiration ble Date | Title | Amount or Number of Shares | | | | |
| | | | | | Cour | | | | | | | | | | | |
| Repor | ting (| Owners | | | Cour | | | · | | | | | | | | |
| _ | | Owners | | | | | ships | | | | | | | | | |

| Donouting Own or Name / Adduses | Relationships | | | | | | | | |
|--|--------------------|--|--------------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | | | |
| Beauvais Jason B 1300 POST OAK BLVD. STE. 800 HOUSTON, TX 77056 | | | VP, General Counsel, Secretary | | | | | | |

Signatures

| /s/ Rodger A. Stout as Attorney-in-Fact for Jason B. Beauvais | 08/17/2009 |
|---|------------|
| 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) The reporting person acquired 84.590 shares under a dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.

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.