FORM 4	1
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1	Check this box if no	
	longer subject to	
	Section 16. Form 4 or	
	Form 5 obligations	
	may continue. See	
	Instruction 1(b).	1

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 0.5 response...

(9-02)

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 Type Responses)											
1. Name and Addre Beauvais Jason B	2. Issuer Name and Ticker or Trading Symbol Main Street Capital CORP [MAIN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 1300 POST OAI	le) 00	3. Date of Earliest Transaction (Month/Day/Year) 02/16/2010						Officer (give title Other (specify below) below) VP, General Counsel, Secretary			
HOUSTON, TX		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X. Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City))	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any	eemed tion Date, if h/Day/Year)	r) Code (D) (Instr. 3, 4 and 5) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A			d of	Securities Beneficially Owned Following Reported		Beneficial Ownership	
Common Stock	02/16/2010			J <u>(1)</u>		129.495	A	\$ 14.29	14,933.331	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n Ni	umber		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of	of (Month/Day/Year)		Unde	erlying	Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	erivati	ve			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					curitie				(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				A	cquire	d			4)			0	Direct (D)	
					(A) or							Reported	or Indirect	
						ispose	d						Transaction(s)	< / </td <td></td>	
						(D)							(Instr. 4)	(Instr. 4)	
					`	Instr. 3,									
					4,	and 5	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Daie		of				
				Code V	(A	A) (E	D)				Shares				

Reporting Owners

Demonting Owner Name / Address	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	03/15/2010		
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 129.495 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.