FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Response: | s) | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|----|---|--------|--|---------------------------|-----------------------|--|---|--------------------------------------|---|---|-------------------------------------|--|
| 1. Name and Address of Reporting Person* Matthews Beverly Kay | | | | | 2. Issuer Name and Ticker or Trading Symbol Main Street Capital CORP [MAIN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 1300 POST OAK BLVD, 8TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2022 | | | | | | | - | Office | r (give title belo | ow) | Other (specify b | elow) | |
| (Street) | | | | 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 | | | | | | |
| HOUSTON, TX 77056 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acou | | | | | | | quir | ured, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 8) | | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) | | of (E | (D) Beneficia Reported | | nt of Securities ally Owned Following I Transaction(s) | | Ownership Form: | Beneficial | | | |
| | | | | | Co | de | V | Amoun | (A) or (D) | Pric | | (Instr. 3 a | or I | | or Indirect | Ownership (Instr. 4) | | |
| Common Stock 05 | | 05/13/2022 | | | J <u>(</u> | 1) | V | 46.498 | 3 A | \$ 37.8 | 82 | 11,637.736 | | | D | | | |
| | | | Table II - | | | | | quire | the f | form dis | splays a of, or Be | a cur enefic | rrent cially | tly valid | | spond unle trol numbe | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year | on 3A. Deemed Execution Day (Year) any | ate, if T | 4. Transaction Code Year) (Instr. 8) | | 5. | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. A U S | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (1 or Indire | Beneficia Ownershi (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exe | e rcisable | Expiration Date | on T | itle | or Number of Shares | | | | |

Reporting Owners

| B 41 0 W 4 | Relationships | | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Matthews Beverly Kay 1300 POST OAK BLVD 8TH FLOOR HOUSTON, TX 77056 | X | | | | | | | |

Signatures

| /s/ Jason Beauvais, Attorney-in-Fact | 05/24/2022 | | |
|--------------------------------------|------------|--|--|
| **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 these 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.