#### Edgar Filing: TOKARZ MICHAEL T - Form 4

TOKARZ M	AICHAEL T										
Form 4											
March 29, 2	018										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO								OMB APPROVAL		
. 0	UNITED	STATES					NGE C	OMMISSION	OMB	3235-0287	
Check th	uis box		Wa	shington,	D.C. 20	549			Number:		
if no lon	ger				DENIER				Expires:	January 31, 2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER SECURITIES				NERSHIP OF	Estimated average		
Section Form 4 of	Section 16.				ITIES			burden hou			
Form 5							Act of $193/$	response	0.5		
obligatio	ons Section 17						-	1935 or Section	n		
may con	lunue.			vestment	•	· ·			.1		
<i>See</i> Instr 1(b).	ruction	00(11)	01 010 11		compan	<i>j</i>		~			
(Print or Type	Responses)										
TOKARZ MICHAEL T Symbol				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
								155001			
			MVC C	CAPITAL	, INC. [N	IVC		(Chec)	k all applicable	)	
(Last)	(First) (	(Middle)		f Earliest Tr	ransaction						
				h/Day/Year)				Director 10% Owner Officer (give title Other (specify			
	CAPITAL, INC.,		03/27/2	018				below)	below)	a (specify	
BOWMAN	AVE., 2ND FLO	JOK							Chairman		
(Street) 4			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Fil		Filed(Mo	nth/Day/Year	.)			Applicable Line)				
								_X_ Form filed by C Form filed by M			
PURCHAS	E, NY 10577							Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-D	) Oerivative (	Securi	ities Aca	uired, Disposed of	. or Beneficial	lv Owned	
1.Title of	2. Transaction Dat	e 24 Deer		3.			-	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D)				Securities	0. Ownership	Indirect	
(Instr. 3)	· · · · · · · · · · · · · · · · · · ·	any	any		(Instr. 3, 4	•		Beneficially	Form: Direct Benefi	Beneficial	
		(Month/Day/Year)		(Instr. 8)			Owned		Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(mour. i)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				0000 1	mount						
Stock, .01	03/27/2018			Р	10,000	А	\$	956,042.56	D		
par value							10.01				

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

#### 1. Title of 2. 3. Transaction Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 9. Nt 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber **Expiration Date** Amount of Derivative Deriv Security or Exercise any Code of (Month/Day/Year) Underlying Security Secu (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative Bene (Instr. 3 and 4) Derivative Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Shares Code V (A) (D)

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
TOKARZ MICHAE C/O MVC CAPITA 287 BOWMAN AV PURCHASE, NY 10			Chairman						
Signatures									
/s/ Michael T.									
Tokarz	03/29/2018								
<u>**</u> 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).

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.