American Capital Senior Floating, Ltd. Form 4 June 05, 2014

Julie 03, 2014	+										
FORM	UNITED	STATES					NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this box if no longer subject to Section 16. Section 16.											
(Print or Type F	Responses)										
ERICKSON JOHN R Symbol				r Name <b>and</b> Ticker or Trading an Capital Senior Floating,				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(1	(Einst)	(Middle)	Ltd. [AC					Director		Owner	
FLOATING	(First) N CAPITAL SE 5, LTD., 2 BETH ENTER, 12TH F	NIOR IESDA	3. Date of (Month/D 06/04/20		ansaction			Officer (give below)		er (specify	
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
BETHESDA	A, MD 20814							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Executio any	med n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/04/2014			Р	250	A	\$ 13.78	6,250	Ι	401(k) Plan	
Common Stock	06/04/2014			Р	750	А	\$ 13.78	750	I	Trust	

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.

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships			
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other
ERICKSON JOHN R AMERICAN CAPITAL SENIOR FLOATING, LTD. 2 BETHESDA METRO CENTER, 12TH FLOOR BETHESDA, MD 20814			EVP, CFO and Asst. Sec.	
Signatures				

John R. 06/05/2014 Erickson

<u>\*\*</u>Signature of Reporting Person Date

re of Person

## **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.