FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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| hours per response: | 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* Moe Michael T. | | | | | 2. Issuer Name and Ticker or Trading Symbol GSV Capital Corp. [GSVC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|-------|------------|----------|--------------|---|------------|--|--|----------------|---|--------------------|---|---|---|---|--|-----------------------|-----------|--|
| THE THERMET I | | | | | | | | | | | | | X | | | | % Owner | | |
| (Last) (First) (Middle) | | | | 3. D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | $\overline{}$ | X | X Officer (give title below) | | | Other (specify below) | | |
| C/O GSV CAPITAL CORP. | | | | | 09/ | 09/01/2016 | | | | | | | | CEO | | | | | |
| 2925 WOODSIDE ROAD | | | | | | | | | | | | | \rightarrow | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| WOODS | IDE C | A 9 | 94062 | | | | | | | | | | X | , , | | | | | |
| - | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. | | | | i 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t of Indirect | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (11311.4) | |
| Common Stock 09/01/20 | | | | | | 2016 | | | | | 1,000 | A | \$4.89 | 29(1) 58 | | 435.618 | D | | |
| 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) if any (Month/Day/Year) | | | on Date, | Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted-average price. These shares were purchased in multiple transactions at prices ranging from \$4.87 to \$4.90, inclusive. The reporting person undertakes to provide separate price within the range set forth in this footnote.

/s/ Michael T. Moe

** Signature of Reporting Person Date

09/02/2016

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

- * 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.

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 Number.