FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHII | | | | |
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| | STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

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

| 1. Name and Address of Reporting Person* <u>Bilger Bruce R</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Stellus Capital Investment Corp [SCM] | | | | | | | | | 5. Relationshi (Check all app X Direct | | olicable) | | s) to Is 10% O | | | |
|--|-----------------------------------|------------|------------|--|---|---|---------|------------------------------------|--|----------|---|-----------------------------------|--|---|-----------------|---|---|---|--|------------|
| | O STELLUS CAPITAL INVESTMENT CORP | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2017 | | | | | | | | | | Office belov | er (give title w) | | Other (specify below) | | |
| 4400 POST OAK PARKWAY, SUITE 2200 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | ON TY | K 7 | 77027 | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva | | | | | | ative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Date, | Transaction Dis Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Secu Bene | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Common Stock | | | 03/14/2017 | | | | S | | 8,344 | D \$14.0 | | .05 | .05 58,817 ⁽¹⁾ | | 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 Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | Date, | Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) (D) | | | | Expiration Date | or Numbe of Title Shares | | | | | | | | |

Explanation of Responses:

1. Since the filing of the Reporting Person's last filing on Form 4 and before the transaction reported herein, the Reporting Person acquired 8,453 shares under the Issuer's Dividend Reinvestment Plan.

/s/ W. Todd Huskinson, attorney-in-fact

03/16/2017

** Signature of Reporting Person

Date

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.