FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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LUS CAP	ITAL INVEST	Middle)			2. Issuer Name and Ticker or Trading Symbol Stellus Capital Investment Corp [SCM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
	(Last) (First) (Middle) C/O STELLUS CAPITAL INVESTMENT CORP 4400 POST OAK PARKWAY, SUITE 2200						3. Date of Earliest Transaction (Month/Day/Year) 03/11/2014							X Officer (give title below) Other (specify below) President and CEO			
(Street) HOUSTON TX 77027 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Tabl	e I - No	on-Deriv	ative	Secu	ıritie	s Ac	quirec	l, Dis	sposed o	f, or B	enefici	ally Own	ed			
Date						Execution Date, if any		Transaction Disposed Of (D) (Instr. 3, 4 a				d 5) Secu Bene Own	rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tran	saction(s)		(Instr. 4)	
Common Stock 03/11/20								P		519	A	\$14.4	1925	64,772	D		
Common Stock 03/11/20								P		100	A	\$14.4	1975	64,872	D		
Common Stock 03/11/20								P		4,381	A	\$14	1.5	69,253	D		
	Та	ble II -												í			
Conversion r Exercise rice of erivative ecurity	nversion Date Execution if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		on Date, Transact Code (In					6. Date Exercisabl Expiration Date (Month/Day/Year)		te Amount of Securities Underlying Derivative Security (In and 4)		es ing ve ve (Instr. 3		derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	urity (Instruction) OCK OCK OCK ONE CONTROL OF THE	(State) (Table of the conversion of the convers	(State) (Zip) Table I - Note that the property of the propert	Table I - Non-Derivative (Instr. 3) 2. Transact Date (Month/Day/Year) 2. Transact Oate (Month/Day/Year) 2. Transact Oate (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)	Table I - Non-Derivative Table I - Non-Derivative 2. 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Explanation of Responses:

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

03/13/2014

** 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.