FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden 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* Ladd Robert T. (Last) (First) (Middle) | | | | | | Issuer Name and Ticker or Trading Symbol Stellus Capital Investment Corp [SCM] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | onship of Reporting all applicable) Director Officer (give title below) | | 10% | Owner (specify |
|--|---|--|-----------|-----------------------------|--|--|-------------------------------|---|---|--|-----------|---|-------|----------------------|---|--|---|--|-------------------|
| C/O STELLUS CAPITAL INVESTMENT CORP 4400 POST OAK PARKWAY, SUITE 2200 | | | | | | 03/19/2014 | | | | | | | | | | | President | and CEO | |
| (Street) HOUSTON TX 77027 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Individine) | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | า-Deriv | ative | Se | curiti | es Ac | quired | , Dis | posed o | f, or | Ben | eficia | ally C |)wne | ed | | |
| Date | | | | Date (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Se Be Ov | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | - 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) | |
| Common Stock 03 | | | | | 9/2014 | | | | P | | 3,100 | | A | \$14.4 | | 77,877 ⁽¹⁾ | | D | |
| Common Stock 03 | | | | 03/19 | 9/2014 | | | | | | 100 | | A | \$14.44 | | 77,977 | | D | |
| Common Stock 03/19/ | | | | /2014 | | | | P 1, | | 1,800 | A \$14.45 | | .45 | 79,777 | | 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 | xercise e of wative urity (Month/Day/Year) if any (Month/Day/Year) Code 8) | | Transa Code (| Instr | of Deri Sec Acq (A) o Disp | oosed 0) rr. 3, 4 5) | Expirati (Month/l | o. Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Exercisable Date | | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | unt ber | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The amount of shares beneficially owned includes 7,726 shares issued under the DRIP and 17,627 shares distributed by Stellus Capital Management, LLC to the reporting person.

/s/Robert T. Ladd

03/21/2014

Date

** Signature of Reporting Person

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.