## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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 |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |
|   | hours per response:      | 0.5       |  |  |  |  |  |  |  |  |
|   |                          |           |  |  |  |  |  |  |  |  |

|  |   |        |           |         | or S          | Section  | on 30(h)  | of the I                        | nvestmei   | nt Con | npany Act          | of 194  | 0           |   |   |   |  |  |  |  |
|--|---|--------|-----------|---------|---------------|--|---|---------------------------------|--|--------|--------------------|---|-------------|---|---|---|--|--|--|--|
| 1. Name and Address of Reporting Person*  Armes Joseph B   |   |        |           |         |               | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CAPITAL SOUTHWEST CORP [ CSWC ] |   |                                 |  |        |                    |   |             |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  |  |  |
|  |   |        |           |         |               |  |   |                                 |  |        | X Direc            |   |             | Owner<br>(specify                               |   |   |  |  |  |  |
| (Last) (First) (Middle) C/O CAPITAL SOUTHWEST CORPORATION  |   |        |           |         |               |  | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2017 |                                 |  |        |                    |   |             |   |   | Officer (give title below)  |  |  |  |  |
| 5400 LYNDON B. JOHNSON FWY, SUITE 1300   |   |        |           |         |               | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |   |                                 |  |        |                    |   |             |   | 6. Individual or Joint/Group Filing (Check Applicable |   |  |  |  |  |
| (Street)   |   |        |           |         |               |  |   |                                 |  |        |                    |   |             |   | Line) X Form filed by One Reporting Person            |   |  |  |  |  |
| DALLAS TX 75240  |   |        |           |         |               |  |   |                                 |  |        |                    |   |             | Form filed by More than One Reporting<br>Person |   |   |  |  |  |  |
| (City)   | (St   | ate) ( | Zip)      |         |               |  |   |                                 |  |        |                    |   |             |   |   |   |  |  |  |  |
|  |   | Tabl   | e I - Nor | n-Deriv | ative         | Sec  | curitie   | s Acc                           | quired,  | Dis    | posed o            | f, or   | Bene        | eficia  | ally Owne   | ed  |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/E   |   |        |           |         | Day/Year)   E |  | 2A. Deemed<br>Execution Date,<br>f any<br>(Month/Day/Year)  |                                 | Transaction Dispos<br>Code (Instr. 5)                          |        | Disposed           | rities Acquired (A<br>ed Of (D) (Instr. 3   |             |   | nd Securi<br>Benefi                                   | icially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |  |
|  |   |        |           |         |               |  |   |                                 | Code   | v      | Amount             |   | A) or<br>D) | Price   | Transa  | action(s)<br>3 and 4)   |  | (  |  |  |
| Common Stock 06/01   |   |        |           |         |               | 1/2017   |   |                                 | S <sup>(1)</sup>   |        | 1,000              | 00 D \$   |             | \$1   | 16 35,500   |   | D  |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |        |           |         |               |  |   |                                 |  |        |                    |   |             |   |   |   |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any |        |           |         |               | ransaction of Code (Instr. Derivative  |   | ative<br>rities<br>ired<br>osed | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |             | ount  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |   |        |           |         | Code          | l  | (A)   | (D)                             | Date<br>Exercisa   |        | Expiration<br>Date | Title   | of          |   |   |   |  |  |  |  |

## **Explanation of Responses:**

1. Sale of shares pursuant to Rule 10b5-1 Plan adopted on March 24, 2017.

/s/ Joseph B. Armes

06/02/2017

\*\* 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.