FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

or Section 30(n) or the investment Company Act of 1940											
1. Name and Address of Reporting Person*  KELLEY DOUGLAS M.  2. Date of Event Requiring Statement (Month/Day/Year) 01/21/2015			nent	3. Issuer Name and Ticker or Trading Symbol CAPITAL SOUTHWEST CORP [ CSWC ]							
(Last) (First) (Middle) C/O CAPITAL WOUTHWEST CORPORATION					Relationship of Reporting Person (Check all applicable)     Director  Office of the still and applicable a		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
5400 LBJ FREEWAY, SUITE 1300					X	Officer (give title below)  Sr. VP & Managing 1	Other (specify below)  Director		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) DALLAS	TX	75240								by More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4) Form:				Nature of Indirect Beneficial Ownership str. 5)			
Common Stock						7,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		nd 3. Title and Amount of Secur Underlying Derivative Secur			4. Conversi or Exerci Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	Đ	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Douglas M. Kelley

01/27/2015

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).