FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

1. Name and Address of Reporting Person* FURST JACK D					2. Issuer Name and Ticker or Trading Symbol CAPITAL SOUTHWEST CORP [CSWC]								5. Relationshi (Check all app X Direc		licable)	ng Pe	erson(s) to Is		
		st) (N TTHWEST COR OHNSON FWY		ATION	03/1	Date of Earliest Transaction (Month/Day/Year) 03/18/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Indis	below		n Filir	Other (below)	
(Street) DALLAS TX 75240 (City) (State) (Zip)					T. II Amendment, Date of Original Filed (World) Day/ Teal)								Line)	Form Form	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0.5)	(0.			lon Dorive	tivo (200111	rition	Λ.	auire	- Di	anacad a	f or E	Panafi	oially	Own				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				2A. Deemed Execution Date,		e,	3. 4. Securities			r, Or Beneficially Acquired (A) or (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		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		Transa	saction(s) r. 3 and 4)			(111501.4)			
Common Stock 03/18/20					20			P		39,000	A	\$8.83	364 ⁽¹⁾	39,000			I	FMAB Partners, LP ⁽²⁾	
Common Stock 03/18/20.					20			P		15,500	A	\$8.83	364(1)		39,004		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	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed ution Date, y yth/Day/Year)	4. Transa Code (8)	(Instr.	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rative rities ired r osed) . 3, 4	Expi (Mor	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Date		Amou Secur Under Deriva Secur	Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of		rice of ivative curity tr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$8.6011 to \$8.983, inclusive. The reporting person undertakes to provide to Capital Southwest Corporation, any security holder of Capital Southwest Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.
- 2. These securities are held by FMAB Partners, LP, a limited partnership controlled by the reporting person provided that the reporting person holds 50% of the membership interest in the sole general partner of FMAB Partners, LP. The reporting person disclaims beneficial ownership of the reported shares of common stock except to the extent of his pecuniary interest therein.

Remarks:

/s/ Jack D. Furst

03/19/2020

** 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.