### 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
Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  ASHBAUGH WILLIAM M  (Last) (First) (Middle)  C/O CAPITAL SOUTHWEST CORPORATION 5400 LYNDON B. JOHNSON FWY, SUITE 1300  (Street)  DALLAS TX 75240  (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol CAPITAL SOUTHWEST CORP [ CSWC ]  3. Date of Earliest Transaction (Month/Day/Year) 10/14/2015  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L						ur) E	A. Deemed kecution Date, any lonth/Day/Year		Code	Transaction Dispose Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) o	Price		ed ction(s) 3 and 4)			(Instr. 4)	
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)	3A. Deemed Execution Date if any (Month/Day/Ye	e, 4.	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		ble and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	ode	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amoun or Numbe of Shares					
Incentive Stock Option	\$7.55 <sup>(1)</sup>	10/14/2015		Г	o <sup>(1)</sup>			82	(2)	03	3/22/2020	Common Stock	82	\$0	19,918 <sup>(2)(</sup>	(3)	D	
Non- qualified Stock Option	\$7.36 <sup>(1)</sup>	10/14/2015		Г	) <sup>(1)</sup>			9	(4)	05	5/15/2016	Common Stock	9	\$0	1,991 <sup>(4)</sup>		D	
Incentive Stock Option	\$7.36 <sup>(1)</sup>	10/14/2015		Г	o <sup>(1)</sup>			17	(4)	05	5/15/2016	Common Stock	17	\$0	3,983 <sup>(4)</sup>		D	

## **Explanation of Responses:**

- 1. Represents adjustments made pursuant to (1) the Amended and Restated Employee Matters Agreement, dated as of September 14, 2015, between the Issuer and CSW Industrials, Inc., and (2) the Issuer's 1999 Stock Option Plan and 2009 Stock Incentive Plan, as amended, in connection with the Issuer's spin-off of CSW Industrials, Inc. on September 30, 2015.
- 2, 100% of stock options are vested.
- 3. On August 16, 2013, the common stock of the Issuer split four-for-one, resulting in the reporting person's ownership of stock options representing a right to purchase a total of 20,000 shares of common
- 4. Stock options will vest on February 15, 2016.

# Remarks:

/s/ William M. Ashbaugh

10/16/2015

\*\* 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.