FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average hurden | | | | | | | | | | | |

0.5

hours per response:

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

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* MARTIN GARY L | | | | | 2. Issuer Name and Ticker or Trading Symbol CAPITAL SOUTHWEST CORP [CSWC] | | | | | | | | Relationship eck all app X Direc | , | g Pers | on(s) to Iss | | | |
|---|---|--|---|----------------------------|--|--|---------|--|--|------------------|--|--|--|---|---|-----------------------------------|--|--|--|
| (Last) 12900 Pl | (F RESTON R | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2014 | | | | | | | | Office below | er (give title v) | | Other (s below) | specify | | |
| STE 700 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable | | | | |
| (Street) DALLAS TX 75230 | | | | | | | | | | | | Lin | X Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Noi | n-Deriv | vativ | e Se | curitie | s Ac | quired, | Dis | posed o | f, or Be | neficial | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Date, | e, Transaction Dispose Code (Instr. | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 ar | | 5) Securi Benefi Owned | cially I Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/12/ | | | | | 2/201 | /2014 | | М | | 34,942 | 2 A | \$32. | 37 4 | 441,234 | | D | | | |
| Common Stock 02/12/ | | | | 2/201 | /2014 | | S | | 34,942 | 2 D | \$33. | 76 4 | 406,292 | | D | | | | |
| | | | Table II - | | | | | | | | osed of, onvertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | ate, Transact Code (In: | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivativ Security (Instr. 5) | | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Cod | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock options ⁽¹⁾ | \$32.37 | 02/12/2014 | | | M | | 34,942 | | 07/21/2009 | o ⁽¹⁾ | 07/30/2018 | Common Stock | 34,942 | \$0 | 167,2 | 78 | D | | |

Explanation of Responses:

 $1. These \ options \ were \ vested \ in \ 5 \ equal \ installments \ of \ 14,000 \ shares \ each \ on \ 7/21/2009, \ 7/21/2010, \ 7/21/2011, \ 7/21/2012, \ and \ 7/21/2013.$

/s/ Gary L. Martin

02/14/2014

** 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.