

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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Moab Capital Partners LLC</u> (Last) (First) (Middle) <u>15 EAST 62ND STREET</u> (Street) <u>NEW YORK NY 10065</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>01/06/2016</u>	3. Issuer Name and Ticker or Trading Symbol <u>CAPITAL SOUTHWEST CORP [CSWC]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,558,332 ⁽¹⁾	I	By Moab Partners, L.P. ⁽¹⁾
Common Stock	3,506 ⁽¹⁾	I	By Managed Account ⁽¹⁾

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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Moab Capital Partners LLC
 (Last) (First) (Middle)
15 EAST 62ND STREET
 (Street)
NEW YORK NY 10065
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Moab Partners LP
 (Last) (First) (Middle)
15 EAST 62ND STREET
 (Street)
NEW YORK NY 10065
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Moab GP LLC
 (Last) (First) (Middle)
15 EAST 62ND STREET
 (Street)
NEW YORK NY 10065
 (City) (State) (Zip)

1. Name and Address of Reporting Person*

Rothenberg Michael

(Last) (First) (Middle)

15 EAST 62ND STREET

(Street)

NEW YORK NY 10065

(City)

(State)

(Zip)

Explanation of Responses:

1. The securities are owned directly by Moab Partners, L.P. (the "Fund") and a certain managed Account (the "Managed Account"). Moab Capital Partners, LLC ("Moab LLC") is the investment adviser to the Fund and the Managed Account and may be deemed to beneficially own the securities under Section 13(d) of the Securities Exchange Act of 1934 (the "Exchange Act") . Moab GP, LLC ("Moab GP") is the general partner of the Fund and may be deemed to beneficially own the securities under Section 13(d) of the Exchange Act. Michael M. Rothenberg is the Managing Member of Moab GP and Moab LLC and may also be deemed to beneficially own the securities under Section 13(d) of the Exchange Act. Moab LLC, Moab GP and Mr. Rothenberg disclaim beneficial ownership of the securities for purposes of Section 16 of the Exchange Act.

Remarks:

Moab Capital Partners, LLC,
By: /s/ Michael M. Rothenberg 01/13/2016

Moab Partners, L.P., By: Moab
GP, LLC, its general partner,
By: Moab Capital Partners, 01/13/2016
LLC, its manager, By: /s/
Michael Rothenberg

Moab GP, LLC, By: Moab
Capital Partners, LLC, its
manager, By: /s/ Michael 01/13/2016
Rothenberg

/s/ Michael Rothenberg 01/13/2016

** 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 5 (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.