FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
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**OMB APPROVAL** 3235-0287 Estimated average burden

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-

1(c). S	ee Instruction	10.																			
Name and Address of Reporting Person*     Green Allison						2. Issuer Name and Ticker or Trading Symbol SURO CAPITAL CORP. [ SSSS ]									5. Relationship of Reporting Person(s) (Check all applicable)  Director 109				o Issuer 6 Owner		
															Office below	er (give title v)		Other (s below)	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024									See Remarks						
C/O SURO CAPITAL CORP. 640 FIFTH AVENUE, 12TH FLOOR																					
U-10 TH TH AVENUE, 12 TH FLOOR					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10019																Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate) (2	Zip)												. 0.00						
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	ficia	lly Own	ed					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (instr. 3)  Disposed Of (D) (Instr. 3)					Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	ount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)							
Common Stock 12/10/2						2024			<b>A</b> <sup>(1)</sup>		25,000	) A		\$ <mark>0</mark>	161	161,733(2)		)			
		Tal									osed of, onvertib				y Owne	d					
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/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	wnership orm: rect (D) Indirect	Beneficial Ownershi (Instr. 4)		
					Code	Code V		(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Sha	ber							

## **Explanation of Responses:**

- 1. Restricted shares granted under the SuRo Capital Corp. Amended and Restated 2019 Equity Incentive Plan, which vest as follows: 1/3 vests on December 10, 2025, 1/3 vests on December 10, 2026, and 1/3 vests on December 10, 2027.
- 2. This total includes restricted shares granted under the SuRo Capital Corp. Amended and Restated 2019 Equity Incentive Plan on February 9, 2022 and December 15, 2023, which are subject to certain vesting schedules

## Remarks:

Chief Financial Officer, Chief Compliance Officer, Treasurer and Corporate Secretary

/s/ Allison Green

12/12/2024

\*\* Signature of Reporting Person

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.