Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Pietrzak Daniel | | | | | 2. Issuer Name and Ticker or Trading Symbol FS KKR Capital Corp [FSK] | | | | | | | | | k all app Direc | ationship of Reporting Pe c all applicable) Director Officer (give title below) Co-President a | | rson(s) to Is 10% O Other (s | wner | |
|--|---|--|--|---|---|---|-------|--|---|----------------------------------|--|-------|------------------------|---|---|---|--|---|---|
| | (Last) (First) (Middle) C/O FS KKR CAPITAL CORP. 201 ROUSE BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/12/2021 | | | | | | | | | | | belov | below) | |
| (Street) PHILADELPHIA PA 19112 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) X | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date | | Date, | Transaction Dispo | | 4. Securitie Disposed C 5) | | | 4 and Securi Benefi | | ities Form: I icially (D) or I d Following (I) (Inst | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) c | or Pri | ice | | | Transa | | (|
| Common Stock 08/12/20 | | | | | | 2021 | | | P | | 5,000 | A | \$2 | 22.73 | .73 7,500 | | D | | |
| Common Stock | | | | | | | | | | | | | 10,000(1) | | | I | IRA | | |
| 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 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) | | De Se (In | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | Code V (A) (D) | | Date Expiration Date | | Title | of Share: | s | | | | | | | |

Explanation of Responses:

1. Effective on June 15, 2020, FS KKR Capital Corp. effected a 4 to 1 reverse stock split of its common stock (the "Reverse Stock Split"). The amount of securities reported on this Form 4 have been adjusted to reflect the Reverse Stock Split.

/s/ Stephen S. Sypherd, Attorney-in-Fact

08/16/2021

** 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.