FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
	hours per response:	0.5

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* Forman Michael C.						2. Issuer Name and Ticker or Trading Symbol FS Investment CORP [FSIC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O FS INVESTMENT CORPORATION 201 ROUSE BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 09/24/2015									X Officer (give title Ott below) bel			(specify)
(Street) PHILADELPHIA PA 19112					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									is. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (ative	tive Securities Acquired, Disposed of, or Benefi									cially Owned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transa Code (I 8)	ction	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			r	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Pric	e	Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common	Stock			09/24/2015				P ⁽¹⁾		10,325	A	\$9.	6372	178,258.53(2)		D		
Common												43	31,185	I	By Franklin Square Holdings, L.P.			
Common	Stock														4	4,457	I	By Trust
Common Stock															10,2	06.224 ⁽²⁾	I	By Spouse
Common Stock															2,56	55.582 ⁽²⁾	I	By Trust FBO Minor Children
Common Stock															9,05	54.739 ⁽²⁾	I	In 401(k) account
Common Stock															6,201.847(2)		I	In IRA account
		Та	ıble II -	Derivati (e.g., pu	ve Se ts, ca	curii	ties <i>i</i> varra	Acqui ants,	ired, E option	Dispo	osed of, o	or Ben le seci	eficia uritie	ally O s)	wned			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			n Date,	l. Transaction Code (Instr. 3)		of		6. Date Exercis Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Insti	ivative durity S tr. 5) B F R	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Evaluation				,	Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amoun or Numbe of Shares	r				

- 1. The purchases were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person in multiple transactions at prices ranging from \$9.63 to \$9.64, inclusive. The price reported in Column 4 is the weighted average price. The reporting person undertakes to provide, upon request, full information regarding the number of shares purchased in each transaction.
- 2. Includes shares received through stock distributions and shares received on account of reinvested distributions.

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

09/24/2015

** 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.