FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL							
	OMB Number: 3235-0104 Estimated average burden							
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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

Gerson Brian	2. Date of Event Requiring Staten Month/Day/Year .0/30/2019	nent	3. Issuer Name and Ticker or Trading Symbol FS KKR Capital Corp [ FSK ]					
(Last) (First) (Middle) C/O FS KKR CAPITAL CORP.			Relationship of Reporting Perso (Check all applicable)     Director	10% Owne	r (Mo	Amendment, Danth/Day/Year)	ate of Original Filed	
201 ROUSE BOULEVARD			X Officer (give title below) Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) PHILADELPHIA PA 19112			Co-President	t			y One Reporting Person y More than One erson	
(City) (State) (Zip)								
	able I - Non	-Derivati	ive Securities Beneficially	y Owned				
1. Title of Security (Instr. 4)						4. Nature of Indirect Beneficial Ownership (Instr. 5)		
			, , ,		)			
Common Stock			, , ,		0)			
		erivative	, , ,	(Instr. 5) D  Dwned				
		perivative s, warrar	60,000  Securities Beneficially Conts, options, convertible	Owned securities			6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ Brian Gerson

10/30/2019

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.