FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / I- ! 4 | D 0 | 00540 |
|-------------|------|-------|
| Vashington, | D.C. | 20549 |

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| |

| OMB APPROVAL | | | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average | burden | | | | | | | | | | |
| 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. Ivallie aliu Address di Nepolilily i cisoli | | | | | 2. Issuer Name and Ticker or Trading Symbol FS KKR Capital Corp [FSK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) | | | | | |
|--|---|-------|------------------------------|---|---|-------------------------------------|--------------|------------------------------|---|----------------------------------|-----------------|----------------------|--|--|--|--|---|---|-------------|
| <u>110pkii</u> | S JCICI II | | | | • | | | | - | | | X | Direc | tor | | 10% O | wner | | |
| (Last) C/O FS I | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2022 | | | | | | | | | | Office below | er (give title w) | | Other (specify below) | | | | | |
| 201 ROU | 4. If / | Amend | ment, [| Date | of Ori | ginal Fi | led (Month/D | ay/Year | , I | Indiv | idual or | Joint/Group | o Filin | g (Check A | pplicable | | | | |
| (Street) | | | | | | | | | | | | | | X | Form | filed by One | e Rep | orting Pers | on |
| PHILADELPHIA PA 19112 | | | | | | | | | | | | | | Form Perso | filed by Moi on | re tha | n One Rep | orting | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes | | | | ear) E | A. Deen xecutio any Wonth/D | n Date, | [| 3. Transa Code (8) | ction | 4. Securities Disposed Of | | | nd 5) Secui Bene | | rities Fo ficially (D ed Following Inc | | wnership n: Direct or rect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | (| Code | v . | Amount | (A) or (D) | Price | | Transa | action(s) 3 and 4) | (11130 | 4) | (111341. 4) |
| Common | 2 | | | | P | | 450 | A | \$21.375 | 3752 ⁽¹⁾ 6,024.4931 D | | | | | | | | | |
| | 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) | Derivative Security Instr. 3) Date (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | | Amo Secu Unde Deriv Secu 3 and | rlying ative rity (Instr. | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. The purchases were effected in multiple transactions at prices ranging from \$21.375 to \$21.3767, inclusive. The price reported in Column 4 is the weighted average price

/s/ Jerel A. Hopkins 09/13/2022

** 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.