FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* Stahlecker Gerald					2. Issuer Name and Ticker or Trading Symbol FS Investment CORP [FSIC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title V Other (specify						
(Last) (First) (Middle) C/O FS INVESTMENT CORP. CIRA CENTRE 2929 ARCH STREET, SUITE 675				3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014									X Officer (give title X Other (specify below) President / Investment Committee Member							
(Street) PHILADELPHIA PA 19104 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) 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. Transa Date (Month/D				Execution Date,		Code (Transaction Disposed Code (Instr. 5)					4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									v	Amount		(A) or (D)	Price	, ·	Transaction(s) (Instr. 3 and 4)				(1130.4)	
Common Stock 12			12/04	2/04/2014						1,334		A	\$	0	1,334		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) Conve Operiva Securi	rersion ercise of rative	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		5. Nun of Deriv. Secur Acqu (A) or Dispc of (D) (Instr and 5	ative rities ired osed	6. Date E: Expiration (Month/D: Date Exercisal	n Date	•	Ame Sec Und Der	Ame or Nun of	ount nber	8. Prid Deriva Secur (Instr.	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Pro-rata distribution from FSIC Holdings, LLC, of which the reporting person is a non-managing member.

/s/ Stephen S. Sypherd, 12/05/2014 Attorney-in-Fact

** 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.