FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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

ARNOLD FREDERICK	. Date of Event Requiring Staten Month/Day/Year 2/19/2018	ent 1	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 Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
201 ROUSE BOULEVARD				Officer (give title below)	Other (spe below)	cify		dividual or Joint cable Line)	/Group Filing (Check
(Street) PHILADELPHIA PA 19112							X		y One Reporting Person y More than One erson
(City) (State) (Zip)									
Τ	able I - Non	-Derivati	ive Se	curities Beneficiall	y Owned				
1. Title of Security (Instr. 4)			3. Ownership Beneficially Owned (Instr. 4) Grown of Indirect (I) (Instr. 5)		ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					D				
				29,440	D				
				29,440 urities Beneficially (ptions, convertible	Owned	s)			
		s, warrar isable and ite	nts, o	urities Beneficially (Owned securities	4. Conver	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ Frederick Arnold

12/20/2018

** 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 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.