FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF (CHANGES IN B	BENEFICIAL (DWNERSHIP

OMB A	PPROVAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per respo	nse: 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]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	(Fii NVESTME JSE BOULI	NT CORP.	(Middle)		03/2	3. Date of Earliest Transaction (Month/Day/Year) 03/20/2018 4. If Amendment, Date of Original Filed (Month/Day/Year)									Officer (give title below) below) Chief Executive Officer ividual or Joint/Group Filing (Check Appli)``		
(Street) PHILAD (City)	ELPHIA PA		19112 (Zip)		4. 11 /	Ameno	iment,	Date 0	Ongina	i Filed	i (MonunDa	ay/ rea)	Line)	Forn	n filed by One n filed by Mor	e Reporting Person	son		
(- 4)				n-Deriva	ative	Seci	ıritie	s Acc	uired.	Dis	posed o	f. or	Bene	ficially	v Owne					
1. Title of Security (Instr. 3) 2. To Date		2. Transa Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A)		A) or	5. Amo Securit Benefic	unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A (D) or))	rice	Transa	ction(s) 3 and 4)		(Instr. 4)		
Common	Stock			03/20/	2018				P (1)		3,505		A	\$7.05	23	9,875	I	By Trust		
Common	Stock			03/21/	2018				P ⁽¹⁾		2,380	\perp	A	\$7.05	24	2,255	I	By Trust		
Common	Stock														924	4,609 ⁽²⁾	I	By Franklin Square Holdings, L.P. ⁽³⁾		
Common	Stock														12,6	39.712 ⁽²⁾	I	By Spouse		
Common Stock														3,1	17.3 ⁽²⁾	I	By Trust FBO Minor Children			
Common	Stock														11,2	13.676 ⁽²⁾	I	In 401(k) account		
Common Stock														7,68	80.563(2)	I	In IRA account			
		Ta									sed of, onvertib				Owned					
1. Title of Derivative Conversion Security Or Exercise (Month/Day/Year) 3. Transaction Date Execution Date, If any		4. Transac	5. Number of Derivative		mber ative rities ired sed		xercis	sable and e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. De Se (In	Price of erivative ecurity estr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
Explanation	of Respons	es:			Code	v	(A)		Date Exercisa		Expiration Date	Title	Amor or Numl of Share	oer						

- 1. The purchases were effected pursuant to a Rule 10b5-1 trading plan adopted by The 2011 Forman Investment. The reporting person disclaims beneficial ownership of any shares held by The 2011 Forman Investment Trust that exceed his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose
- 2. Includes shares received through stock distributions and shares received on account of reinvested distributions.
- 3. The reporting person disclaims beneficial ownership of any shares held by Franklin Square Holdings, L.P. that exceed his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

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

03/21/2018

** 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 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.	