FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person* Gift Alicia M				180	2. Issuer Name and Ticker or Trading Symbol 180 DEGREE CAPITAL CORP. /NY/ [TURN]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Treasurer, Secretary					
7 NORTH WILLOW STREET, SUITE 4B					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2019									110	easurer, secr	ctary		
(Street) MONTCLAIR, NJ 07042				4. I	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						quir	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		Date (Month/Day/Year)				Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D	(D) Benefici Reported		unt of Securities ially Owned Following d Transaction(s)		Ownership or Form:	p of I Ber	. Nature f Indirect geneficial Ownership	
				(Moi	(Month/Day/Year)		de	V	Amount	(A) or (D)	Pric	ce	(Instr. 3 a	nstr. 3 and 4)		or Indirect (I) (Instr. 4)	Indirect (Ins	
Common	Stock		11/14/2019			F	,		2,000	1 /	\$ 2.18	362	44,149			D		
			for each class of		vative Securi		1	Pers con the	sons what stained i form dis	no resp n this f splays	form a a cur	are rren	not requ tly valid	ction of inf uired to res OMB cont	spond unle	ss	C 1474	4 (9-02)
1 Tid C	2	2 T	on 3A. De	· · · ·	puts, calls, w	arran 5.	ts, opt						1 1	0 D.:	9. Number	- C 10		11 N-4
Security	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day	Execution th/Day/Year) any	Execution Date, if T	Code	Number and		and	d Expiration Date (onth/Day/Year)		Amou Jnder Secur Instr	ele and unt of crlying rities : 3 and	Derivative Security (Instr. 5)		Owne Form Deriva Securi Direct or Ind	rship of ative ty: (D) irect	11. Nature of Indirec Beneficial Ownership (Instr. 4)	
					Code V	(A)	(D)	Dat Exe		Expirat Date	tion T		Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Gift Alicia M 7 NORTH WILLOW STREET SUITE 4B MONTCLAIR, NJ 07042			Treasurer, Secretary				

Signatures

Alicia M Gift	11/15/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.