FORM 4

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

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).

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

| | pe Response | J) | | | | | | | | | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|-------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------|----------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|
| 1. Name and Address of Reporting Person* Bigelow Robert E III | | | | 180 | 2. Issuer Name and Ticker or Trading Symbol 180 DEGREE CAPITAL CORP. /NY/ [TURN] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) VP, Head of Fund Development | | | | | |
| | (Last) (First) (Middle) 7 N. WILLOW STREET SUITE 4B | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021 | | | | | | VP, Head | of Fund De | everopment | | |
| (Street) MONTCLAIR, NJ 07042 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City | | (State) | (Zip) | | Т | able I - | Non-I | Derivative | Securiti | es Acqu | ired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Yea | Execu any | Deemed ution Date, if | 3. Transaction Code (Instr. 8) | | n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | 6. Ownership Form: | Beneficial | |
| | | | | (Mon | th/Day/Year) | Cod | e V | ⁷ Amount | (A) or (D) | Price | or (I | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 05/19/2021 | | | P | | 450 | A | \$ 8.1984 | 90,266 | | | D | |
| Reminder: | Report on a s | separate line f | or each class of se | curities l | beneficially o | wned d | Pe | ersons wl | no resp | | | ction of inf | | | 1474 (9-02) |
| Reminder: | Report on a s | separate line f | | | beneficially c | | Pe co th | ersons wl ontained i e form di | no resp in this f splays | orm ar a curre | e not requently valid | uired to res | spond unle | ss | 1474 (9-02) |
| | | | Table I | - Deriv (e.g.,) | ative Securi | ties Acc | Pe cc th juired, | ersons whontained in the form distributed in the form distributed in the following many series with the following many serie | no resp in this f splays of, or B | orm ar a curre eneficia curities) | e not requently valid | uired to res | spond unle rol numbe | ess r. | , , |
| 1. Title of | | 3. Transactic Date (Month/Day | Table I on 3A. Deem Execution | - Deriv (<i>e.g.</i> , <u>]</u> ed Date, if | ative Securi | ties Acc | tive ties red | ersons wlontained i e form di Disposed | no responding this factorial this fa | eneficia curities) 7. T Am Uno | e not requently valid | OMB conf | spond unle | of 10. Owners Form of Security Direct (or Indire | 11. Natur of Indired Beneficia Ownersh (Instr. 4) |

| | Relationships | | | | | |
|----------------------------------------------------------------------------|---------------|--------------|------------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Bigelow Robert E III 7 N. WILLOW STREET SUITE 4B MONTCLAIR, NJ 07042 | | | VP, Head of Fund Development | | | |

Signatures

| /s/ Alicia M. Gift by Power of Attorney | 05/20/2021 |
|-----------------------------------------|------------|
| **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.

POWER OF ATTORNEY

The undersigned, being a person required to file a statement under Section 16(a) of the Securities Exchange Act of 1934 (the "1934 Act") with respect to 180 Degree Capital Corp., a New York corpor under the section cited above, or until specifically terminated in writing by the undersigned.

IN WITNESS WHEREOF, the undersigned has duly executed this power of attorney on the 31st day of March 2017.

By: Robert E. Bigelow III
-----Robert E. Bigelow III