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 to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Bigelow Robe | s of Reporting Person * | | 2. Issuer Name and Ticker or Trading Symbol <u>180 DEGREE CAPITAL CORP. /NY/</u> [TURN] | | tionship of Reporting Pers all applicable) Director | on(s) to Issuer | | | | |
|--|-------------------------------|----------|--|---------------|---|--|--|--|--|--|
| (Last) 7 N. WILLOW S | (First) TREET SUITE 4B | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2023 | | Officer (give title below) VP, Head of Fund | Other (specify below) | | | | |
| (Street) MONTCLAIR | Street) MONTCLAIR NJ 07042 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv X | Form filed by One Rep | oup Filing (Check Applicable Line) One Reporting Person More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|---|---|--|---------------|----------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 08/18/2023 | | Р | | 50 | Α | \$4.65 | 110,710 | D | |
| Common Stock | 08/18/2023 | | Р | | 1,950 | Α | \$4.4128 | 112,660 | 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) | 2. Conversion or Exercise Price of Derivative Security | Date | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (In 8) | tion | 5. Num Derivat Securit Acquire or Disp (D) (Ins and 5) | tive ties ed (A) oosed of | 6. Date Exerc Expiration Da (Month/Day/) | ate | 7. Title and <i>I</i> Securities U Derivative S (Instr. 3 and | nderlying ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--|---|------|---|---------------------------------|------|--|------------------------------------|--|--------------------|--|-------------------------------------|---|--|--|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ Daniel B. Wolfe by Power of 08/18/2023

** Signature of Reporting Person

Attorney

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.