# FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per response						

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 * Wolfe Daniel B					2. Issuer Name <b>and</b> Ticker or Trading Symbol 180 DEGREE CAPITAL CORP. /NY/ [TURN]							1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 7 NORTH		V STREET, S	(Middle) SUITE 4B	3. Date of Earliest Transaction (Month/Day/Year) 06/22/2018								X Officer (give title below) Other (specify below)  President						
					I. 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						
MONTCLAIR, NJ 07042 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui													
1.Title of South	ecurity	2. Transaction Date Execution Date, if Code (Month/Day/Year) any 3. Transaction d. Securities Acquired (A) or Disposed of (Instr. 8) (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)  6. Owner Form Directory			6. Ownership Form:	, x										
							Code	V	Amour	(A) or (D)	Pri	ice	(I)			(I) (Instr. 4)	(Instr. 4)	
Common	Stock	(	06/22/2018				P		480	A	\$ 2.2	27 2	230,480			D		
Reminder: I	Report on a s	separate line for	each class of secu	irities b	eneficially	own		Pers	ons whained i	n this fo	orm	are	not req	uired to re	nformation espond unl	ess	EC 1474 (9- 02)	
			Table II - D										y Owned	l				
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Y	3A. Deemed Execution Da any (Month/Day/	ite, if	Code	of Den Sec (A) Dis of (Ins	rivative curities quired or posed	and Expiration Date (Month/Day/Year)  A U So (II		Amou Inde Secur Instr	le and unt of crlying rities . 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Ownersh (Instr. 4)			
					Code V	(A	) (D)	Date Exe	e rcisable	Expiration Date	on T	Γitle	or Number of Shares					

### **Reporting Owners**

Describer Occurs Name (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Wolfe Daniel B 7 NORTH WILLOW STREET SUITE 4B MONTCLAIR, NJ 07042	X		President					

### **Signatures**

Daniel B. Wolfe	06/22/2018
**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.