FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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* Wolfe Daniel B | | | | 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) X_ Director | | | | | |
| (Last) (First) (Middle) 7 NORTH WILLOW STREET, SUITE 4B | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2020 | | | | | | | /Year) | | | | President | | |
| MONTC | LAIR, NJ | (Street) 07042 | | 4. If Am | endme | ent, D | ate O | rigin | al File | d(Month | /Day/Year) | | _X_ Form fil | ed by One Repo | Group Filing orting Person One Reporting | • | ble Line) |
| (City | <i>'</i>) | (State) | (Zip) | | | Tab | le I - 1 | Non- | -Deriv | ative S | Securities . | Acqu | ired, Dispe | osed of, or I | Beneficially (| Owned | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, if | (Instr. 8) | | (| 4. Securities Acqu (A) or Disposed or (D) (Instr. 3, 4 and 5) | | f Beneficia | | ally Owned Following I Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Coc | de | V | Amoun | (A) or (D) | Price | | | | (I) (Instr. 4) | |
| Common | n Stock | | 03/16/2020 | | | | P | | 4 | 5,000 | | \$ 1.5 | 317,070 | | | D | |
| | | | Table II - l | | | | | uire | contai the for d, Disp | ined ir rm dis posed o | n this form splays a coof, or Bene | m are curre | e not requ ntly valid | OMB conf | ormation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | 2 | 3. Transaction | , | <i>e.g.</i> , puts, | , calls, | , warı 5. | rants, | | | | tible secur | T | itle and | 8 Price of | 9. Number o | of 10. | 11. Natur |
| | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Yea | Execution Dat Year) any | te, if Transaction Code (ear) (Instr. 8) | | on Non of Do See A. (A Do of (In | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Ame Und Secu | ount of lerlying urities tr. 3 and | Derivative Security (Instr. 5) | | Ownershi Form of Derivative Security: Direct (D) or Indirect | hip of Indire Beneficia Ownersh (Instr. 4) | |
| | | | | | | | | | Date Exerci | | Expiration Date | Title | Amount or Number of | | | | |

Reporting Owners

| | 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

| /s/ Daniel B. Wolfe | 03/17/2020 |
|---------------------------------|------------|
| **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.