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				
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 10% Owner X_ Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 7 NORTH WILLOW STREET, SUITE 4B					3. Date of Earliest Transaction (Month/Day/Year) 11/26/2021									President		
MONTC	LAIR, NJ	(Street) 07042		4. If Am	endmen	nt, Date	Origi	nal Fi	led(Montl	h/Day/Year)		_X_ Form fil	ed by One Repo	Group Filing orting Person one Reporting	• • •	ble Line)
(City	r)	(State)	(Zip)			Table I	- No	n-Der	ivative	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		if Coo (Ins	f Code (Instr. 8)		ion 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
							ode	V	Amoun	(A) or (D)	Price		,			(Instr. 4)
Common	Stock		11/26/2021				P		1,500	A	\$ 7.36	163,000	•		D	
			Table II -]				cquir	cont the f	ained in orm dis	n this for splays a of, or Ben	m are curre	e not requently valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transactio		<i>e.g.</i> , puts	, calls, v	warran 5.	ts, op	1		tible secu		itle and	& Price of	9. Number	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security		Year) Execution Da	te, if Transaction Code (Instr. 8)		n Num of Deriv Secur Acqu (A) of Disper of (D (Instr	Number and		Date Exercisable d Expiration Date lonth/Day/Year)		Am Und Sec	ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)		Owners Form of Derivati Security Direct (or Indire	hip of Indired Beneficia Ownersh (Instr. 4)
								Date Exer		Expiration Date	n 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

Daniel B. Wolfe	11/29/2021
**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.