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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* Gift Alicia M				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)					
(Last) (First) (Middle) 7 NORTH WILLOW STREET, SUITE 4B					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020								1re	easurer, Secre	etary		
(Street) MONTCLAIR, NJ 07042				4. If Amendment, Date Original Filed(Month/Day/Year)							n/Day/Year)	_X_ Form fil	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)					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 Dates any (Month/Day/Ye			if Code (Instr. 8)			ion 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) V Amount (D) F		of (D	Reported Transaction(s) (Instr. 3 and 4) Ownership of Form: E Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock		05/15/2020				I)		2,000	A	\$ 1.53	58,300			D	
								quire	containe fo	ained in orm dis	n this fo splays a of, or Ber	orm a curr	re not requently valid	OMB cont	ormation spond unle rol numbe	ss	1474 (9-02)
Security	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Data	nte, if	4. Transaction Code (Instr. 8)		5.		and Expiration Date (Month/Day/Year)		7. Ar Ur Se (Ir 4)	Title and mount of aderlying curities ststr. 3 and Amount or Number	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivative Security: Direct (D) or Indirec	Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	EACI	CISAUIC	Date		of Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Gift Alicia M 7 NORTH WILLOW STREET SUITE 4B MONTCLAIR, NJ 07042			Treasurer, Secretary					

Signatures

Alicia M Gift	05/18/2020
**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.