# FORM 4

(Print or Type Pecnonces)

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

OMB APPROVAL
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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

| Name and Address of Reporting Person*  Gift Alicia M                 |   |  |                  | 2. Issuer Name and Ticker or Trading Symbol<br>180 DEGREE CAPITAL CORP. /NY/<br>[TURN] |   |              |                      |                              |                      |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  Treasurer, Secretary |  |                                      |                                       |  |  |
|--|---|--|------------------|--|---|--------------|----------------------|------------------------------|----------------------|--|--|--|--------------------------------------|---------------------------------------|--|--|
| (Last) (First) (Middle) 7 NORTH WILLOW STREET, SUITE 4B              |   |  |                  | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2021                            |   |              |                      |                              |                      |  | 110  | easurer, Secre                               | ctary                                |                                       |  |  |
| (Street) MONTCLAIR, NJ 07042   |   |  |                  | 4. If Amendment, Date Original Filed(Month/Day/Year)                                   |   |              |                      |                              |                      |  | 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       |   |              |                      |                              |                      |  |  | Owned  |                                      |                                       |  |  |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |   | Execution Date, if Code any (Instr.  |                  | e  | 1. Securities Acquired<br>(A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |              |                      | Reported Transaction(s)      |                      |  | Ownership<br>Form: of<br>Be  | Beneficial                                   |                                      |                                       |  |  |
|  |   |  | (Month/Day/Year) |  |   | ode          | V                    | Amour                        | (A) or (D)           | Price  | (Instr. 3 a  | and 4)                                       |                                      | ` /                                   | Ownership<br>(Instr. 4)  |  |
| Common   | Stock   |  | 03/23/2021       |  |   | ]            | P                    |                              | 500                  | A  | \$<br>7.35   | 21,959                                       |                                      |                                       | D  |  |
| Common Stock 03/23/2021  |   |  |                  | ]  | P   |              | 304                  | A                            | \$<br>7.37           | 22,263   |  |  | D                                    |                                       |  |  |
| Reminder:  | Report on a s   | separate line fo   |                  | Derivative S   | ecuri   | ties Ac      | quire                | Pers<br>cont<br>the f        | ons whained i        | no respo<br>n this fo<br>splays a<br>of, or Be | orm ar<br>curre  | e not requently valid                        | OMB con                              | formation<br>spond unle<br>trol numbe | ss   | 1474 (9-02)                                    |
| 1. Title of  | 2   | 3. Transaction   |                  | e.g., puts, ca   | lls, w  | arrant<br>5. |                      |                              | , conver<br>ate Exer |  |  | itle and                                     | 8 Price of                           | 9. Number o                           | of 10.   | 11. Natu                                       |
| Derivative<br>Security   | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Conversion Date Execution any (Month/D Privative (Month/Day/Year) (Month/D |                  | te, if Transaction<br>Code<br>Year) (Instr. 8)   |   |              | ative ities ired sed | and Expiration (Month/Day/Ye |                      | on Date Am<br>(Year) Und<br>Sec                |  | ount of<br>derlying<br>urities<br>str. 3 and | Derivative<br>Security<br>(Instr. 5) |                                       | Ownersl<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | of Indire<br>Benefici<br>Ownersh<br>(Instr. 4) |
|  |   |  |                  | Code   | V   | (A)          |                      | Date<br>Exer                 | cisable              | Expiration Date                                | on Tit   | Amount<br>or<br>Number<br>of<br>Shares       |                                      |                                       |  |  |

### **Reporting Owners**

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

## **Signatures**

| Alicia M Gift | 03/24/2021 |
|---------------|------------|
|               |            |

| **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.