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 * Gift Alicia M				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) 09/08/2021								1re	easurer, Secre	etary			
(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 Person Form filed by More than One Reporting Person							
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						Acqui	ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			(Instr. 8)		(A (D	4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	ally Owned Following I Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Cod	le	V Ar	nount	(A) or (D)	Price				(I) (Instr. 4)	(111311. 4)	
Common Stock 09/08/2021					P		1,	000		\$ 7.4	4 25,623			D			
			Table II - I					th uired	ontaine he form	ed in n disp sed of	this forr plays a c	m are currer eficial	not requ ntly valid	OMB cont	ormation spond unle rol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/)	3A. Deemed Execution Date	te, if T	i. Fransacti Code Instr. 8)	5. No. D. S. A. (// D. o. (I. 4.)	Jumber of Derivation of Deriva	ive ies ed ed ed	ons, cor 6. Date I and Exp Month/I	Exerci iration Day/Y	n Date (ear)	7. Ti Amo Undo Secu (Inst 4)	Amount or Number of Shares		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)

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	09/09/2021	
**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.