FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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*     Oberbeck Elizabeth			. Date of Event Requiring Staten Month/Day/Year 0/09/2014	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol SARATOGA INVESTMENT CORP. [ SAR ]					
(Last) 545 FIFTH AV	(First) VENUE, SUITE	(Middle) £ 1100			Relationship of Reporting Perso (Check all applicable)     Director	10% Owne	r (	5. If Amendment, Da Month/Day/Year)	ate of Original Filed	
(Street) NEW YORK (City)	NY (State)	10017 (Zip)	-		Officer (give title below)	Other (specify below)		Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person		
		T	able I - Non	-Derivat	ive Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)				2	. Amount of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
	<b>,</b> (				Reneficially Owned (Instr. 4)	Form: Direct (	t (D) (Ir	1str. 5)		
Common Stock						Form: Direct (	t (D) (Ir	nstr. 5)		
		(e.ç		Derivative	eneficially Owned (Instr. 4)	Form: Direct or Indirect ((Instr. 5)	et (D) (Ir	nstr. 5)		
Common Stock				Derivative Is, warra	744,183 e Securities Beneficially (nts, options, convertible	Form: Direct or Indirect ((Instr. 5)  D  Owned securities ties	et (D) (Ir	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

**Explanation of Responses:** 

Remarks:

/s/ Elizabeth Oberbeck 10/27/2014

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).