FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL					
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## INITIAL STATEMENT OF 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 Persor     Cheung Richard	2. Date of Event Requiring Statement (Month/Day/Year) 06/21/2021	3. Issuer Name and Ticker or Trading Symbol PennantPark Floating Rate Capital Ltd. [ PFLT ]					
(Last) (First) (Middle) C/O PENNANTPARK, 590 MADISON AVENUE, 15TH		Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner		vner Fi	5. If Amendment, Date of Original Filed (Month/Day/Year)		
FLOOR		X Officer (give title below)	Other (s below)	(C	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting		
(Street) NEW YORK NY 10022		See Rema	rks		^ Person	by More than One	
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
					4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: Di (D) or Ind (I) (Instr.	irect Ow direct			
	Table II - Derivati	Beneficially Owned (Instr.	Form: Di (D) or Ind (I) (Instr.	irect Ow direct 5)			
	Table II - Derivati	Beneficially Owned (Instr. 4) /e Securities Beneficia ants, options, converti	Form: Di (D) or Inc (I) (Instr.	irect Ow direct 5)	5. Ownership		

**Explanation of Responses:** 

## Remarks:

Chief Financial Officer and Treasurer

No securities are beneficially owned.

<u>/s/ Richard Cheung</u>

06/30/2021

\*\* Signature of Reporting

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.

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.