FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	MB Number: 3235-0104						
Estimated average burden							
hours per response	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

of Section So(ii) of the investment Company Act of 1940										
1. Name and Address of Reporting Person*  Plug Jeffrey  2. Date of Event Requiring Statement (Month/Day/Year) 04/07/2011			3. Issuer Name and Ticker or Trading Symbol PennantPark Floating Rate Capital Ltd. [ PFLT ]							
(Last) (First) (Middle)  C/O PENNANTPARK FLOATING	PENNANTPARK FLOATING		Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
RATECAPITAL LTD 590 MADISON AVENUE, 15TH FLOOR				Officer (give title below)	Other (spe below)	App	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street) NEW YORK NY 10022							Form filed b Reporting P	y More than One erson		
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Beneficially Owned (Instr. 4) Form: Di		3. Ownersh Form: Direct or Indirect (Instr. 5)	t (D) (Instr. 5)				
Common Stock				0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Exp		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi		4. Conversion or Exercise Price of	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	n Title	÷	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Jeffrey Flug

04/15/2011

\*\* Signature of Reporting Person

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.