SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
OMB 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

1. Name and Add Brozost Ma	. Date of Event equiring Staten Month/Day/Year 4/07/2011	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol PennantPark Floating Rate Capital Ltd. [ PFLT ]							
(Last) (First) (Middle) C/O PENNANTPARK FLOATING RATECAPITAL LTD		` '			4. Relationship of Reporting Pers (Check all applicable) X Director Officer (give title		on(s) to Issuer 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)	
590 MADISON AVENUE, 15TH FLOOR						below)	below)	· •	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)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						0	D			
Table II - Derivative Securities Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Secur				cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title	9	Amount or Number of Shares	Derivative Security		

Explanation of Responses:

<u>/s/ Marshall Brozost</u>

\*\* Signature of Reporting Person Date

04/15/2011

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

\* 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.