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

| 1. Name and Ad Trolio Dan | dress of Reportin | F | . Date of Event Requiring Stater Month/Day/Yea | ment | 3. Issuer Name and Ticker or Trading Symbol Horizon Technology Finance Corp [HRZN] | | | | | |
|--|---------------------|---------------------|--|---|--|--|---|--|--|--|
| (Last) 312 FARMIN (Street) FARMINGTO | (First) IGTON AVENU | (Middle) | 9/01/2016 | | 4. Relationship of Reporting Per (Check all applicable) Director X Officer (give title below) VP of Finance & Ir | 10% Own Other (spe | er 6. I | nth/Day/Year) ndividual or Joir clicable Line) Form filed b Person | oate of Original Filed out/Group Filing (Check out/Group Filing (Chec | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | Amount of Securities eneficially Owned (Instr. 4) | 1 | | . Nature of Indirect Beneficial Ownership instr. 5) | | |
| No securities are beneficially owned | | | | | 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 a Expiration Date (Month/Day/Year) | | | ite | 3. Title and Amount of Sec Underlying Derivative Sec 4) | | 4. Conversion or | Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Exercise Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | | | |

Explanation of Responses:

Remarks:

/s/Daniel R. Trolio 09/07/2016

** 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.

 $^{^{\}star}$ 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).