FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response.	0.5								

	tion 1(b).	ide. dee	File								es Exchan Ipany Act					L	nours per r	esponse	<del></del>	0.5
1. Name and Address of Reporting Person*  Pomeroy Robert D. Jr.  (Last) (First) (Middle)  312 FARMINGTON AVENUE					2. Issuer Name and Ticker or Trading Symbol     Horizon Technology Finance Corp [ HRZN ]      3. Date of Earliest Transaction (Month/Day/Year) 03/05/2021									(Check all applicable X Director X Officer (give below) Chief			10% Owner we title Other (specify below)  Executive Officer			ner pecify
(Street) FARMINGTON CT 06032					4. If Amendment, Date of Original Filed (Month/Day/Year)									ine)	•					
(City)												Form filed by More than One Reporting Person					rting			
		Table	I - Non-Deriv	ative	Secui	rities	Acq	quir	ed, D	Disp	osed o	f, or	Benefic	ially	Owne	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			ear) if	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.						5. Amount of Securities Beneficially Owned Following Reported					7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Co	Code V		Amo		A) or D)	Price	Trans	action(s . 3 and 4				msu. 4	"
Common	Stock		03/05/202	1	P 5,000 A \$13.25 97,986 D															
Common Stock													4,813			I	I f		As custodian for grandchildren	
		Tal	ble II - Derivat (e.g., p										Beneficia ecuritie		wned	ı				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	on Date, Code (Instr. De Day/Year)  Day/Year)  Day/Year)  Transaction of Code (Instr. De Ac (A) Discrete of Office of Office Off			sed 3, 4	Expiration Date (Month/Day/Year) ed ed 3, 4				Am Sec Und Der Sec 3 ar	itle and ount of urities lerlying ivative urity (Instr. nd 4)  Amount or Number of Shares	Derivative Security (Instr. 5)  r.  T.  Derivative Security (Instr. 5)  Owr Foll Rep Trar (Instr. 5)		deriv Secu Bene Owne Follo Repo Trans	curities Fo neficially Di vned or		rship (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Remarks:

/s/Robert D. Pomeroy, Jr. 03/08/2021

\*\* Signature of Reporting Person Date

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 4 (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.