FORM 4	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Pesno

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN 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

(Print or Type Respons	ses)								l		
1. Name and Address of Reporting Person [*] SCHULTE DAVID J			2. Issuer Name and Ticker or Trading Symbol TORTOISE CAPITAL RESOURCES CORP [TTO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below)Other (specify below) CEO		
(Last) (First) (Middle) 11550 ASH STREET, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year) 03/11/2011								
(Street) LEAWOOD, KS 66211			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Ta	ble I - Nor	-Der	ivative S	ecuritie	es Acqu	ired, Disposed of, or Beneficially	ly Owned	
.Title of Security 2. Transaction Instr. 3) Date (Month/Day/Year)			n Date, if Code (Instr. 8) (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Ben	Beneficial			
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		Ownership (Instr. 4)
Common Shares		03/11/2011		Р		500	А	\$ 8.87	12,524.278 (1)	D	
Common Shares		03/11/2011		Р		500	А	\$ 8.85	13,024.278	D	
Common Shares		03/11/2011		Р		1,000	А	\$ 8.89	14,024.278	D	
Common Shares									200	I	By spouse as custodian of children's accounts

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

Persons who respond to the collection of information SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

ecurities Acquired, Disposed of, or Beneficially Owned

			(<i>e.g.</i> ,	outs, cans	s, w	arran	ts, op	tions, conver	tible securi	ties)					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) o							1	or Indirect	
						Dispo							Transaction(s)	(I)	
						of (D	/						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	d 5)								
											Amount				
								Dete	Down in the se		or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

		Relations	iips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Auuress				

LEAWOOD, KS 66211	SCHULTE DAVID J 11550 ASH STREET SUITE 300 LEAWOOD, KS 66211			CEO	
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Signatures

David J. Schulte	03/11/2011
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Includes 243.499 shares acquired under the Tortoise Capital Resources Corporation dividend reinvestment plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.