

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

OMB APPROVAL				
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nours per response				

#### 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

Stateme	Statement (Month/Day/Year)			3. Issuer Name and Ticker or Trading Symbol TORTOISE CAPITAL RESOURCES CORP [TTO]					
e)	2007		4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) Director			Filed(Month/Day/Year) 02/06/2007			
	Table I - Non-Derivative Securities Beneficially Owned						vned		
	I I			4. Nature (Instr. 5)	ure of Indirect Beneficial Ownership  5)				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  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 control number.  Table II. Perivative Securities Repeticially Owned (a.g., puts, calls, warrants, entires, convertible securities)									
e of Derivative Security  2. Date Exercisable and Expiration Date (Month/Day/Year)  3. Title Security Derivative Security		3. Title and A Securities Ur	Amount of nderlying	4. Conversio or Exercise Price of Derivative	5. Ow Form Deriva Securi	nership of ative ty:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Indire	lirect (I)			
		Common	416 (1)	\$ 15		D			
J	class of securities spond to the displays a cuivative Securities [Expiration Da (Month/Day/Year)]	class of securities beneficially control of displays a currently valid sivative Securities Beneficially 2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration	Statement (Month/Day/Year)  02/01/2007  Table I -  2. Amount of Secur Beneficially Owned (Instr. 4)  class of securities beneficially owned directly espond to the collection of information of displays a currently valid OMB control displays a currently	Statement (Month/Day/Year) 02/01/2007  4. Relationship of Issuer (Chec	Statement (Month/Day/Year) 02/01/2007    Check all applicable	Statement (Month/Day/Year) 02/01/2007  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Senior VP  2. Amount of Securities Beneficially Owned (Instr. 4)  Class of securities beneficially owned directly or indirectly. Sepond to the collection of information contained in this form are not require a displays a currently valid OMB control number.  Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities Underlying Or Exercise Derivative Security  Date Expiration Date (Month/Day/Year)  Statement (Month/Day/Year)  TORTOISE CAPITAL RESOURCE:  4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Other (specify below)  4. Nature (Instr. 5)  Source (Instr. 5)  3. Ownership Form: Direct (Instr. 5)  (Instr. 5)  4. Nature (Instr. 5)  Securities Direct (Instr. 5)  Class of securities beneficially Owned (e.g., puts, calls, warrants, options, convertible securities Underlying or Exercise Pormer (Instr. 4)  Derivative Security Deriva	Statement (Month/Day/Year) 02/01/2007  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below) Senior VP  Table I - Non-Derivative Securities Beneficially Over (Instr. 4)  2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (I) (Instr. 5)  class of securities beneficially owned directly or indirectly.  sepond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form are not required to respond to the collection of information contained in this form		

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HAMEL ZACHARY A 10801 MASTIN BOULEVARD, SUITE 222 OVERLAND PARK, KS 66210			Senior VP		

#### **Signatures**

/s/ Terry Matlack, Attorney-in-Fact for Zachary A. Hamel	08/29/2007
Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).
- (1) These shares were inadvertently omitted from Mr. Hamel's original Form 3.

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.