

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

OMB APPROVAL				
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nours per response	e 0.5			

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

(Print or Type Responses)								
1. Name and Address of Reporting Person* HALEY DAVID WAYNE	2. Date of Event Requiring Statement (Month/Day/Year) 12/01/2011		3. Issuer Name and Ticker or Trading Symbol TORTOISE CAPITAL RESOURCES CORP [TTO]					
(Last) (First) (Middle) 4200 W 115TH STREET, SUITE 210			4. Relationship of Issuer	, ,	\ /	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) LEAWOOD, KS 66211			(Check all applicable) Director		Applicable I X Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
, , , , , , , , , , , , , , , , , , , ,			Senior VP		roun med by More than one Reporting Person			
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		*	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock	0			D				
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 - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4) a	Month/Day/Year) Security (Instr. 4)		nderlying Derivative	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
					(111541.5)			

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HALEY DAVID WAYNE 4200 W 115TH STREET, SUITE 210 LEAWOOD, KS 66211			Senior VP		

Signatures

/s/ David Wayne Haley	12/05/2011
**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).

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.