TORTOISE CAPITAL RESOURCES CORP
Form 3
October 19, 2009

| FORM 3 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | OMB APPROVAL |  |
| :---: | :---: | :---: | :---: |
|  |  | OMB <br> Number: | 3235-0104 |
|  | INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES | Expires: | January 31, 2005 |
|  | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | Estimated burden hours response.. | verage <br> ser $0.5$ |

(Print or Type Responses)

1. Name and Address of Reporting Person, *
Â MARINER HOLDINGS, LLC
(Last) (First) (Middle)

4200 W. 115TH STREET, SUITE 100,Â
(Street)

LEAWOOD,Â KSÂ 66211
(City) (State) (Zip)
1.Title of Security
(Instr. 4)
2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Statement
(Month/Day/Year)
09/15/2009

| 4. Relationship of Reporting | 5. If Amendment, Date Original |
| :--- | :--- |
| Person(s) to Issuer | Filed(Month/Day/Year) |

(Check all applicable)

| —_Officer(give title below)Affiliate of Inv Advisor |  | 6. Individual or Joint/Group |
| :---: | :---: | :---: |
|  |  | Filing(Check Applicable Line) |
|  |  | Form filed by One Reportin |
|  |  | Person |
|  |  | _X_ Form filed by More than One |
|  |  | Reporting Person |

Table I - Non-Derivative Securities Beneficially Owned

| 2. Amount of Securities | 3. | 4. Nature of Indirect Beneficial |
| :--- | :--- | :--- |
| Beneficially Owned | Ownership | Ownership |
| (Instr. 4) | Form: | (Instr. 5) |
|  | Direct (D) |  |
|  | or Indirect |  |
|  | (I) |  |
|  | (Instr. 5) |  |

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D $\hat{A}$

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

SEC 1473 (7-02)

> 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)

| 1. Title of Derivative Security | 2. Date Exercisable and <br> (Instr. 4) | 3. Title and Amount of <br> Expiration Date <br> (Month/Day/Year) | Securities Underlying <br> Derivative Security <br> (Instr. 4) | 4. <br> Conversion <br> or Exercise | 5wnership <br> Form of |
| :--- | :--- | :--- | :--- | :--- | :--- | | 6. Nature of Indirect |
| :--- |
| Beneficial Ownership |
| (Instr. 5) |

Date Expiration
Exercisable Date

Amount or Number of Shares

```
                                    or Indirect
                                    (I)
                                    (Instr. 5)
```


## Reporting Owners

Reporting Owner Name / Address

MARINER HOLDINGS, LLC
4200 W. 115TH STREET, SUITE 100
LEAWOOD,Â KSÂ 66211
MARINER CONSULTING, LLC
4200 W. 115TH STREET, SUITE 100
LEAWOOD,Â KSÂ 66211
Mariner Wealth Advisors, LLC
4200 W. 115TH STREET
SUITE 100
LEAWOOD,Â KSÂ 66211
MARINER VALUE STRATEGIES, LLC
4200 W. 115TH STREET, SUITE 100
LEAWOOD,Â KSÂ 66211
Mariner Quantitative Solutions, LLC
4200 W. 115TH STREET
SUITE 100
LEAWOOD,Â KSÂ 66211
MQS LONG/SHORT EQUITY FUND, L.P. 1500 W. MARKET STREET, SUITE 225
MCQUON,Â WIÂ 53092
MARINER REAL ESTATE MANAGEMENT, LLC 4200 W. 115TH STREET, SUITE 100
LEAWOOD,Â KSÂ 66211
MARINER REAL ESTATE PARTNERS, LLC
4200 W. 115TH STREET, SUITE 100
LEAWOOD,Â KSÂ 66211
MARINER ANDERSON ONE, LLC
4200 W. 115TH STREET, SUITE 100
LEAWOOD,Â KSÂ 66211
MARINER ALTERNATIVE ASSET MANAGEMENT, LLC 4200 W. 115TH STREET, SUITE 100
LEAWOOD,Â KSÂ 66211

## Signatures

/s/ Ryan Anderson, on behalf of Mariner Anderson One, LLC

10/19/2009

Date

## Relationships

Director 10\% Owner Officer Other
$\hat{A} \quad \hat{A} \quad \hat{A} \quad$ Affiliate of Inv Advisor

Affiliate of Inv Advisor
$\hat{A} \quad \hat{A}$
Affiliate of Inv Advisor

Affiliate of Inv Advisor
$\hat{A} \quad \hat{A}$
Affiliate of Inv Advisor

Affiliate of Inv Advisor

Affiliate of Inv Advisor

Affiliate of Inv Advisor

## Edgar Filing: TORTOISE CAPITAL RESOURCES CORP - Form 3

/s/ Martin C. Bicknell, on behalf of all other reporting persons

10/19/2009
${ }_{-}^{* *}$ 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. $78 \mathrm{ff}(\mathrm{a})$.
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## Remarks:

AÂ form $3 \hat{A}$ is î̂ limitedÂ to $\hat{A}$ aÂ maximumÂ of $\hat{A}$ tenÂ reporting $\hat{A}$ persons. $\hat{A} \hat{A}$ AsÂ aÂ result, $\hat{A}$ this $\hat{A}$ FormÂ $3 \hat{A}$ is $\hat{A}$ one
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.

