| On Deck C | Capital, Inc. | | | | | | | | | | |
|---|---|---------------------------------------|---|---------------------------------|-------------------------|--|---|--|---|--|--|
| Form 4 September | 21 2016 | | | | | | | | | | |
| | ЛЛ | | | | | | | | PPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE CON Washington, D.C. 20549 | | | | | | | COMMISSION | NOMB | 3235-0287 | | |
| Check if no lo subject Sectior Form 4 Form 5 | to SIATEN 116. For | CHANGES IN BENEFICIAL (SECURITIES | | | | | Expires: | urs per | | | |
| obligat may co | ions Section 17 | (a) of the P | ublic U | | ing Cor | npany Act | of 1935 or Section | on | | | |
| (Print or Type | e Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Hobson James William | | | 2. Issuer Name and Ticker or Trading Symbol On Deck Capital, Inc. [ONDK] | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (| (Middle) 3. Date of Earliest Trar | | | _ | | (Check all applicable) | | | | |
| | DECK CAPITAL, 0 BROADWAY, 2 | | (Month/I 09/19/2 | Day/Year) 2016 | | | Director X Officer (giv below) Chief | | % Owner her (specify cer | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 1 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| NEW YO | RK, NY 10018 | | | | | | | More than One R | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-De | erivative | Securities A | cquired, Disposed | of, or Beneficia | ally Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution I any | Date, if | TransactionA | Disposed Instr. 3, 4 | (A) or of (D) | Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Reminder: R | eport on a separate line | e for each cla | ss of secu | urities benefic | cially ow | ned directly o | or indirectly. | | | | |
| | | | | | inforn requii | nation cont ed to respo lys a currer | spond to the colle tained in this form ond unless the fo ntly valid OMB co | i are not rm | SEC 1474 (9-02) | | |
| | Tab | | | urities Acqui s, warrants, c | | | Beneficially Owned securities) | I | | | |
| 1. Title of Derivative | | nsaction Dat th/Day/Year) | | | 4. Transa | 5. Numb ctiorDerivativ | | ercisable and Date | 7. Title and Amount of Underlying Securities | | |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8 | 5) A I (| Securities Acquired (A Disposed of Instr. 3, 4, | f (D) | (Month/Day/Year) | | (Instr. 3 and 4) | |
|--|---|------------|-------------------------|-------------------|----------------|--|-------|---------------------|--------------------|------------------|----------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount Number Shares |
| Employee Stock Option (right to buy) | \$ 5.95 | 09/19/2016 | | A | | 272,728 | | <u>(1)</u> | 09/18/2026 | Common Stock | 272,72 |
| Reporting Owners | | | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Hobson James William C/O ON DECK CAPITAL, INC. 1400 BROADWAY, 25TH FLOOR NEW YORK, NY 10018 | | | Chief Operating Officer | | | | |
| Signatures | | | | | | | |
| /s/ Robert A. Zuccaro, by power of attorney | | 09/21/20 | 09/21/2016 | | | | |
| ** Signature of Reporting Person | | Date | | | | | |
| Environment of Design | | | | | | | |

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) One-fourth of the shares subject to the option vest on September 19, 2017 and one forty-eighth of the shares vest monthly thereafter.

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.