FORM 4

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

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

OMB APPROVAL							
OMB Number: Estimated average burden hours per	3235-0287						
response	0.5						

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 Responses)																	
Name and Address of Reporting Person * Packer Craig				2. Issuer Name and Ticker or Trading Symbol Owl Rock Capital Corp [NONE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director (Check all applicable)					
(Las) (Middle) C/O OWL ROCK CAPITAL CORPORATION,, 399 PARK AVENUE, 38TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 03/21/2019							E	X Officer (give title below) Other (specify below) President and CEO					
(Street) NEW YORK, NY 10022				4. If Amendment, Date Original Filed(Month/Day/Year)							6. _> —	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)		2. Transact (Month/Da	y/Year) Execution Date, if any			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form:	7. Nature of Indirect Beneficial	
					(Month/Day/Year)		Code	V	Amount	(A) or (D) Price	e				Direct (D) Ownershi or Indirect (I) (Instr. 4)	
Common Stock	mmon Stock 03/21/20			19			P		3,522	A	\$ 15.5	57	46,805			D	
Common Stock 03/21/			03/21/20	19			P		3,522	A	\$ 15.5	57	46,805			I	By spouse
Reminder: Report on a separate	line for each class of	securities beneficially	owned directly or i	ndirectly.													
													information contained in this fontly valid OMB control number.	orm are not re	equired to	SEC	1474 (9-02)
				Table			urities Acquire				wned						
	2. Conversion or Exercise Price of Derivative Security	kercise Price of (Month/Day/Year) Exercivative any	3A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8) Secu Disp		umber of Deriva trities Acquired tosed of (D) r. 3, 4, and 5)		Expiration Date Secu		curiti	Title and Amount of Underlying 8. Pric curities Deriva str. 3 and 4) Securi (Instr.		Derivative Securities Beneficially	Ownership o Form of B Derivative C	Beneficial Ownership		
				Co	de V		(A)	(D)	Date Exercisal	Expirate Date	ration Tit	tle	Amount or Number of Shares		Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Packer Craig C/O OWL ROCK CAPITAL CORPORATION, 399 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10022	X		President and CEO					

Signatures

/s/ Victor Lopez, on behalf of Craig W. Packer(1)	03/22/2019
**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).

Remarks:

(1) Victor Lopez is signing on behalf of Mr. Packer pursuant to the power of attorney dated June 28, 2018, which was previously filed with the Securities and Exchange Commission as an exhibit to the Form 4 Mr. Packer filed on June 28

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

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.