

TORTOISE CAPITAL RESOURCES CORP
 Form 3
 October 19, 2009

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

| | | | | |
|---|---------|---|---|--|
| 1. Name and Address of Reporting Person * | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| MARINER HOLDINGS, LLC | | (Month/Day/Year) | TORTOISE CAPITAL RESOURCES CORP [TTO] | |
| (Last) | (First) | (Middle) | 09/15/2009 | |
| 4200 W. 115TH STREET, SUITE 100, | | | | |
| (Street) | | (Check all applicable) | | |
| LEAWOOD, KS | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) Affiliate of Inv Advisor | | |
| (City) | (State) | (Zip) | 5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|---|---|---|
| Common Shares | 0 | D | |

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

| Date Exercisable | Expiration Date | Amount or Number of Shares | or Indirect (I) (Instr. 5) |
|---------------------|--------------------|----------------------------------|----------------------------------|
|---------------------|--------------------|----------------------------------|----------------------------------|

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------|-----------------------------|
| | Director | 10% Owner | Officer | Other |
| MARINER HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| MARINER STATISTICAL OPPORTUNITY FUND LP 4200 WEST 115TH STREET SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| MARINER PRIVATE EQUITY, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| Mariner Capital Ventures, LLC 4200 W. 115TH STREET SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| TORTOISE HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| MARINER INSURANCE RESOURCES, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| Mariner Capital Partners LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| MARINER MEDICAL DIAGNOSTICS 1, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| LABEL REAL ESTATE, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| NPC CAPITAL PARTNERS II, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |

Signatures

/s/ S. Kirk Lambright, on behalf of Mariner Medical Diagnostics 1, LLC and Label Real Estate, LLC

10/19/2009

__Signature of Reporting Person

Date

/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. 78ff(a).

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Remarks:

AA form 3 is limited to a maximum of ten reporting persons. As a result, this Form 3 is 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.