#### SCHLOEMER PAUL G

Form 5

February 14, 2013

**OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer SCHLOEMER PAUL G Symbol SOURCE CAPITAL INC /DE/ (Check all applicable) [SOR] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner Officer (give title \_\_X\_\_ Other (specify (Month/Day/Year) below) below) 12/31/2012 Director until May 7, 2012 11400 W. OLYMPIC BLVD., STE. 1200 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) LOS ANGELES, Â CAÂ 90064 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securitie Disposed o (Instr. 3, 4	of (D)	uired (A) or	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/15/2012	Â	J <u>(1)</u>		A	\$ 53.6624	2,104.7873	I	By self as Trustee for Schloemer Family Trust
Common Stock	06/15/2012	Â	<u>J(1)</u>	34.23	A	\$ 49.0021	2,139.0173	I	By self as Trustee for Schloemer

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						Family Trust		
Common 09/17/2012 Â Stock	J <u>(1)</u>	28.2054 A	\$ 53.0859	2,167.2227	I	By self as Trustee for Schloemer Family Trust		
Common Stock 12/17/2012 Â	J <u>(1)</u>	51.1653 A	\$ 52.0992	2,218.388	I	By self as Trustee for Schloemer Family Trust		
Reminder: Report on a separate line for each class o securities beneficially owned directly or indirectly.	contair	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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCHLOEMER PAUL G 11400 W. OLYMPIC BLVD., STE. 1200 LOS ANGELES, CA 90064	Â	Â	Â	Director until May 7, 2012			

# **Signatures**

/s/ Sherry Sasaki, Attorney-in-Fact	02/14/2013		
**Signature of Reporting Person	Date		

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### **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) Shares acquired through the Company's dividend reinvestment plan.

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#### **Remarks:**

This form is signed by the reporting person's attorney-in-fact pursuant to the confirming statement pr Note: File three copies of this Form, one of which must be manually signed. If space provided 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.