FORM 4

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

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

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 Ty	pe Response	s)																		
Name and Address of Reporting Person * Eckel Jeffrey				2. Issuer Name and Ticker or Trading Symbol Hannon Armstrong Sustainable Infrastructure Capital, Inc. [HASI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director									
(Last) (First) (Middle) 1906 TOWNE CENTRE BLVD. SUITE 370				3. Date of Earliest Transaction (Month/Day/Year) 12/01/2016								Pro	esident an	d CEC)					
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person								
ANNAPOLIS, MD 21401 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							uired, Disp									
(Instr. 3) Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			of (D)			ollowing	Ownership Form:		7. Nature of Indirect Beneficial Ownership				
				(wionui/Day/1ear)		Co	de	V	Amount	(A) or (D)	Price	(Ilisti. 3 al	(more 5 and 7)		or Indirect (In (In (Instr. 4)					
Common \$0.01 per	ı stock, paı r share	value	12/01/20	016				P	,		200	A	\$ 19.05	1,123,31	8		D			
Common stock, par value \$0.01 per share												15,460	15,460 (1)		Ţ		W. E	ocable		
Common stock, par value \$0.01 per share														770 (2)			I		By grand	dson
Reminder:	Report on a s	separate line	for each class	`able II -]	Deriva	ative Sec	curit	ies Ac	equire	Per con the	sons whatained in form dis	no responding this is splays	form a a curi senefici	re not requently valid	ction of inf uired to res OMB conf	pond ur	iless	SE	C 1474	1 (9-02)
1 Title of	2	3. Transacti	ion 2 A		<i>e.g.</i> , p	uts, call	s, w	arran 5.	ts, op		s, conver			Title and	9 Dries of	0 Numb	or of	10.	- 1	11. Nature
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		Date	Execution by Execution (Inc.)	Year) Execution Da		4. Transaction Code Year) (Instr. 8)				and (M	6. Date Exercisable and Expiration Date (Month/Day/Year)		Aı Uı Se	nount of aderlying curities astr. 3 and	(Instr. 5)		re s ally g ion(s)	Owners Form of Derivat Securit Direct of	rship of Intive (ty: (D) rect	of Indirect of Indirect Beneficial Ownership (Instr. 4)
						Code	V	(A)	(D)	Dat Exc	te ercisable	Expirat Date	tion Ti	Amount or Number of Shares						

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Eckel Jeffrey 1906 TOWNE CENTRE BLVD. SUITE 370 ANNAPOLIS, MD 21401	X		President and CEO				

Signatures

/s/ Jeffrey Eckel	12/02/2016
**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).
- (1) These shares are held by the Jeffrey W. Eckel Revocable Trust, of which Jeffrey W. Eckel is the sole trustee and beneficiary.
- (2) The reporting person acts as custodian for his grandson under the Uniform Gifts to Minors Act. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

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.