## FORM 4

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

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

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)																		
1. Name and Address of Reporting Person * Chuslo Steven					Har	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)  Director X Officer (give title below) Other (specify below)						
(Last) (First) (Middle) 1906 TOWNE CENTRE BLVD. SUITE 370					3. Date of Earliest Transaction (Month/Day/Year) 03/15/2018								GENERAL COUNSEL & EVP							
				4. If	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							
ANNAP(City	OLIS, MD	(State)		(Zip)						_						•				
		(3.2.2)	Ta				1	1								osed of, or I		1		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			Execu any	eemed ation Date, if	Code (Instr. 8)		ion	(A) or Disposed of (D) (Instr. 3, 4 and 5)			D) B R	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:		7. Nature of Indirect Beneficial			
					(Mont	th/Day/Y	ear)	Cod	de	V	Amount	(A) or (D)	Price	Ì	Instr. 3 an	d 4)		Direct (D) Owner		Ownership (Instr. 4)
Common \$0.01 per	ı stock, paı r share	value	03/15	5/2018				F			3,301 (1)	D	\$ 18.30 (2)	6 2	286,454		D			
Common stock, par value \$0.01 per share													4	4,700 (3)		I		By significar other		
Reminder:	Report on a s	separate line	for each	n class of sect	urities l	peneficia	lly c	wned		Per cor	sons wh	no res	form	are	not requ	ction of inf ired to res OMB cont	spond un	iless		2 1474 (9-02
				Table II							Disposed s, conver				y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise ice of erivative (Month/Day/Year) any (Month/Day/		l Pate, if	4. Transaction Code Year) (Instr. 8)		Number an		6. I	6. Date Exercisable and Expiration Date (Month/Day/Year)		e 7	7. Title and Amount of Underlying Securities Instr. 3 and		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	re s ally g	Ownersh Form of Derivativ Security: Direct (D or Indirect	Ownersh (Instr. 4) D) ect	
						Code	V	(A)	(D)	Da Exc		Expira Date	ation	Title	Amount or Number of Shares					

#### **Reporting Owners**

			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Chuslo Steven 1906 TOWNE CENTRE BLVD. SUITE 370 ANNAPOLIS, MD 21401			GENERAL COUNSEL & EVP	

### **Signatures**

/s/ Steven Chuslo	03/16/2018

**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) Consists of shares of Common Stock withheld by the issuer, with approval of the issuer's Board of Directors, in order to satisfy the tax withholding obligation of the reporting person in connection with the vesting of 6,833 shares of Common Stock.
- (2) Represents the closing price of the Common Stock on March 15, 2018.
- (3) These shares are held by the reporting person's significant other. The reporting person disclaims ownership other than to the extent of his pecuniary interest.

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.