Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	<b>INUAL STATEN</b> <b>OWN</b> ursuant to Section 7(a) of the Public	Vashington, MENT OF ( ERSHIP O 1 16(a) of the	D.C. 2054 CHANGES F SECURI e Securities ling Compa	9 5 IN 1 ITIE s Exc any A	BENEFIC S hange Act Act of 1935	<b>CIAL</b> of 1934,	OMB APP OMB Number: Expires: ` Estimated ave burden hours response	3235-0362 January 31, 2005 erage		
1. Name and Address of Reportir SCHLOEMER PAUL G	Symbol SOU	2. Issuer Name and Ticker or Trading Symbol SOURCE CAPITAL INC /DE/ [SOR]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First)	(Mont	3. Statement for Issuer's Fiscal Year Ended Office (Month/Day/Year) Office 12/31/2009					ctor 10% Owner cer (give title Other (specify below)			
11400 W. OLYMPIC BLV 1200										
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Inc	6. Individual or Joint/Group Reporting (check applicable line)				
LOS ANGELES, CA 9	0064					Form Filed by On orm Filed by Mo n				
(City) (State)	(Zip) T	able I - Non-D	erivative Sec	curitie	es Acquired,	Disposed of, o	r Beneficially	Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common 03/16/2009 Stock	Â	J <u>(1)</u>	39.9321		\$ 26.4557	1,744.8067	I	By self as Trustee for Schloemer Family Trust		
Common 06/15/2009 Stock	Â	J <u>(1)</u>	30.6281	А	\$ 35.1439	1,775.4348	Ι	By self as Trustee for Schloemer		

									Family Trust
Common Stock	09/15/2009	Â	J <u>(1)</u>	25.7072	A	\$ 42.4671	1,801.142	I	By self as Trustee for Schloemer Family Trust
Common Stock	12/15/2009	Â	J <u>(1)</u>	25.7998	A	\$ 42.8128	1,826.9418	I	By self as Trustee for Schloemer Family Trust
Preferred Stock	Â	Â	Â	Â	Â	Â	340	Ι	By self as Trustee for Schloemer Family Trust
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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.							SEC 2270 (9-02)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned									

 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)	3A. Deemed Execution Date, if any (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	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. O S B O E I S Fi (I
					(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	ÂX	Â	Â	Â			

# Signatures

/s/ Sherry Sasaki, Attorney-in-Fact

02/11/2010

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

#### Â

### **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.