# FORM 4

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

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

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#### 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 Type Responses)											
1. Name and Address of Reporting Person <sup>±</sup> BANK OF AMERICA CORP /DE/			2. Issuer Name <b>and</b> IMCO Floating I				1]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			
(Last) BANK OF AMERICA TRYON ST	(First) CORPORATE CENT		Date of Earliest Tra 1/10/2009	nsaction (Mor	nth/Da	y/Year)		Officer (give title below)Other (specify below)			
(Street) CHARLOTTE, NC 28255			. If Amendment, Date	e Original File	ed(Mont	h/Day/Year)		6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X_Form filed by More than One Reporting Person			
(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)	(Instr. 8)	v		(A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Stock		11/10/2009	11/10/2009	Р		99	А	\$ 9.4964	99	Ι	By Subsidiary
Common Stock		11/10/2009	11/10/2009	S		99	D	\$ 9.48	0	Ι	By Subsidiary

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.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. Transactio	n	5. Number	r of	6. Date Exer	cisable	7. Titl	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Derivative Sec	urity Conversion	Date	Execution Date, if	Code		Derivative		and Expirati	on Date	Under	rlying Securities	Derivative	Derivative	Ownership	of Indirect
(Instr. 3)	or Exercise	(Month/Day/Year)	any	(Instr. 8)		Securities	Acquired	(Month/Day	/Year)	(Instr.	3 and 4)	Security	Securities	Form of	Beneficial
	Price of		(Month/Day/Year)			(A) or Dis	posed of					(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(D)							Owned	Security:	(Instr. 4)
	Security					(Instr. 3, 4, and 5)		id 5)					Following	Direct (D)	
								D.	п · .:		A ( ) 1		- <b>F</b>	or Indirect	
								Date	Expiration	Title	Amount or Number		Transaction(s)		
				Code	V	(A)	(D)	Exercisable	Date		of Shares		(Instr. 4)	(Instr. 4)	

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BANK OF AMERICA CORP /DE/ BANK OF AMERICA CORPORATE CENTER 100 N TRYON ST CHARLOTTE, NC 28255		Х					
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. 4 WORLD FINANCIAL CENTER NORTH TOWER NEW YORK, NY 10080		Х					

### Signatures

Bank of America Corporation, By:/s/Debra I. Cho, Title: Senior Vice President	11/13/2009
**Signature of Reporting Person	Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By:/s/Robert M. Shine, Title: Attorney-In-Fact	11/13/2009
**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).

#### **Remarks:**

The transactions reported on this Form 4 were effected by Merrill Lynch, Pierce, Fenner & Smith Incorporated, an indirect, wholly owned subsidiary of Bank of Americal Corporation.

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.