FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burder						
ner 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 Type Respon	ises)																
1. Name and Address of Reporting Person * BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol BLACKROCK MUNIYIELD INSURED FUND, INC [MYI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
DISTRICT OF COMPANY OF COMPANY				3. Date of Earliest Transaction (Month/Day/Year) 06/11/2009													
(Street) CHARLOTTE, NC 28255				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group FilingCheck 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 Acqui							ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Execution Date, if C		(Instr. 8)			or Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
							Code V		Amount	(A) or (D)	Pric	e					(Instr. 4)
Common Stock 06/11/2009			06/11/2009	06/11/2	009	P			8,870	A	\$ 11.39	9	8,870				By Subsidiary
Common Stock 06/11/2009			06/11/2009	06/12/2	009	S			8,870	D	\$ 11.20	0	0				By Subsidiary
Reminder: Report on	a separate line	for each class of sec	urities beneficially	owned direc	tly or ind	lirectly.	for	rm		equired 1			ollection of informated unless the form of				2 1474 (9-02)
			Table	e II - Derivat (e.g., pu					sposed of, convertib			Ow	ned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e of ivative Date (Month/Day/Year) Execution (Month/Day/Year) Execution (Month/Day/Year) Execution (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	if Code De (Instr. 8) Ac Dis		Number of derivative Securities acquired (A) or disposed of (D) nstr. 3, 4, and 5)		sa	6. Date Exercisable and Expiration Date (Month/Day/Year)		Uı	nder			9. Number of Derivative Securities Beneficially Owned	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)		Date Exercisable	Expirati Date	ion Ti	itle	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (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		X				
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. 4 WORLD FINANCIAL CENTER NORTH TOWER NEW YORK, NY 10080		Х				

Signatures

/s/ Debra I. Cho, Senior Vice President, on Behalf of Bank of America Corporation	06/15/2009
**Signature of Reporting Person	Date
/s/ Benjamin Leavitt, Attorney-in-Fact, on Behalf of Merrill Lynch, Pierce, Fenner & Smith, Incorporated	06/15/2009
**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 affected by Merrill Lynch, Pierce, Fenner & Smith, Incorporated, and indirect, wholly owned subsidiary of Bank of America 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.