## FORM 4

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

OMB APPROVA	\L
OMB Number:	3235-0287
Estimated average burden	hours
ner resnonse	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

Name and Addres     BANK OF AME		2. Issuer Name and Ticker or Trading Symbol DNP SELECT INCOME FUND INC [DNP]							•	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/24/2009							Director Officer (give title b	elow)	X 10% C	wner specify below)		
(Street) CHARLOTTE, NC 28255				4. If Amendment, Date Original Filed(Month/Day/Year)							Form filed by One Re	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/Ye					(Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	Beneficial		
			(Month/Day/Year)	ear)	Code	V	7	Amount	(A) or (D)	Price				Direct (D) Ownership or Indirect (Instr. 4) (Instr. 4)		
Common Stock 09/24/2009			09/24/2009	09/24/2009		P			70	A	\$ 8.8853	70				By Subsidiary
Common Stock 09/29/2009			09/29/2009	09/29/2009		S			70	D	\$ 8.88	0				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  SEC 1474 (9-02)																
valid OMB control number.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities)																
(Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ersion Date (Month/Day/Year) ative	3A. Deemed Execution Date, if any (Month/Day/Year)	if Code Der Sec (A) (D)		crivative curities Acquired ) or Disposed of		a	6. Date Exercisable and Expiration Date (Month/Day/Year)		Uno (In:	Title and Amount of derlying Securities ttr. 3 and 4)	Derivative Security (Instr. 5) Ber Ow Fol	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivative Security: Direct (D) or Indirec	Beneficial Ownership (Instr. 4)
				Code V		(A)	(D)		Date Exercisable	Expirate Date	Tit!	e Amount or Number of Shares	Transactio (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		X				

### **Signatures**

Bank of America Corporation, By:/s/Angelina L. Richardson, Vice President		10/02/2009
**Signature of Reporting Person		Date
Merrill Lynch, Pierce, Fenner & Smith Incorporation, By:/s/Robert M. Shine, Attorney-In-Fact		10/02/2009
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, an 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.