FORM 4

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

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person – BANK OF AMERICA CORP /DE/		2. Issuer Name and T IMCO Floating R		~ .]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) (First) BANK OF AMERICA CORPORATE CEN TRYON ST	TED 100 M	Date of Earliest Tran 0/05/2009	saction (Mor	nth/Day	/Year)		Officer (give title below)Other	(specify below)			
(Street) CHARLOTTE, NC 28255	4.	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)		Table	I - No	n-Derivat	ive Securi	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year		(Instr. 8)		or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Ind Form: Be	Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) O or Indirect (II (I) (Instr. 4)		
Common Stock	10/05/2009		Р		12	А	\$ 9.87	12	I	By Subsidiary	
Common Stock	10/05/2009		S		12	D	\$ 9.35	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)															
ſ	1. Title of	2.	3. Transaction	3A. Deemed	4. Transaction	1 5	5. Number	of	6. Date Exer	cisable	7. Titl	e and Amount of	8. Price of	9. Number of	10.	11. Nature
	Derivative Security	Conversion	Date	Execution Date, if	Code	Ι	Derivative		and Expiration Date		Underlying Securities		Derivative	Derivative	Ownership	of Indirect
	(Instr. 3)	or Exercise	(Month/Day/Year)	any	(Instr. 8)	S	Securities Acquired		(Month/Day/Year)		(Instr. 3 and 4)					Beneficial
		Price of		(Month/Day/Year)		((A) or Disposed of					(Instr. 5)	Beneficially	Derivative	Ownership	
		Derivative				((D)								Security:	(Instr. 4)
		Security				((Instr. 3, 4, and 5)		1						Direct (D)	
									D (п · /		A ()Y 1		· F · · · · ·	or Indirect	
									Date	Expiration	Title	Amount or Number		Transaction(s)	(I)	
					Code V	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/Angelina L. Richardson, Vice President	10/09/2009
*Signature of Reporting Person	Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By:/s/Adam Strouse, Attorney-In-Fact	 10/09/2009
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 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.