## FORM 4

(Print or Type Rec

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

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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

Time of Type reespo	11505)																
1. Name and Address of Reporting Person * BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol REAVES UTILITY INCOME FUND [UTG]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X 10% Owner				
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N TRYON ST				3. Date of Earliest Transaction (Month/Day/Year) 10/22/2009								-	Officer (give title be	elow)	Other	(specify below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
CHARLOTTE,	NC 28255											-	Form med by Wore th	an One Reportii	ig r erson		
(City)	(S	tate)	(Zip)			7	Гable I	- N	on-Deriva	tive Secu	urities A	Acquir	red, Disposed of, or	Beneficiall	y Owned		
(Instr. 3) Da		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if r) (Month/Day/Year)		(Instr. 8)					F	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	Beneficial			
					Cod	le	V	Amount	(A) or (D)	Price			or Indire (I) (Instr. 4)		Ownership (Instr. 4)		
Common Stock			10/22/2009	10/22/20	009	P			600	A	\$ 16.01	19 6	500				By Subsidiary
Common Stock 10/22		10/22/2009	10/22/20	009	S			300	D	\$ 16.1	17 3	300				By Subsidiary	
Common Stock			10/22/2009	10/22/20	009	S			100	D	\$ 16.17	67 2	200				By Subsidiary
Common Stock	ommon Stock 10/22/20		10/22/2009	10/22/20	009	S			200	D	\$ 16.1	18 0	0				By Subsidiary
Reminder: Report or	n a separate line	e for each class of se	curities beneficially	owned direc	ctly or ir	ndirectly.											
							f	orm		require	d to res	spond	lection of informa d unless the form			SE	C 1474 (9-02)
			Table	II - Derivat					sposed of			Owne	ed				
Derivative Security (Instr. 3) Conversion or Exercise (Month/Day/Year) Execution (Month/Day/Year) any		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction 5. Number of		of Acquir	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Titl Under (Instr.			nderly	e and Amount of lying Securities 3 and 4)  8. Price of Derivative Security (Instr. 5)  9. Number of Derivative Securities Beneficially Owned Following		Ownershi Form of Derivative Security: Direct (D					
				Code	v	(A)	(D)		Date Exercisabl	Expira Date	ation Ti		Amount or Number of Shares		Reported Transaction(s (Instr. 4)	or Indirec (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				

## **Signatures**

/s/Angelina Richardson, Vice President on behalf of Bank of America Corporation	10/26/2009
→*Signature of Reporting Person	Date
//D 1 (Cl. A)	10/26/2000
/s/Robert Shine, Attorney in Fact on behalf of Merrill Lynch, Pierce, Fenner & Smith, Inc	10/26/2009
**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.