# FORM 4

(Daila

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
OMB Number: 3235-0287
Estimated average burden hours
per response... 0.5

SEC 1474 (9-02)

#### 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 F BANK OF AMERIC		2. Issuer Name and T BLACKROCK M		~ .		1 TRUS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) BANK OF AMERIC TRYON ST	mmm 400.37	Date of Earliest Tran 0/27/2009	nsaction (Mor	nth/Da	y/Year)		Officer (give title below)Other	(specify below)			
CHARLOTTE, NC 2	4.	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			
(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)		(Instr. 8)		or Disposed of (D)		)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership I Form: H	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	
Common Stock		10/27/2009	10/27/2009	Р		1,015	А	\$ 15.53	1,015	Ι	By Subsidia
Common Stock		10/27/2009	10/27/2009	S		1,015	D	\$ 15.60	0	Ι	By Subsidia

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. Transaction	ransaction 5. Number of		6. Date Exercisable		7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature	
Derivative Security	Conversion	Date	Execution Date, if	Code	Code Derivative		and Expiration Date		Underlying 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 Disj	posed of					(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				(I	D)							Owned	Security:	(Instr. 4)
	Security				(I	(Instr. 3, 4, and 5)		1					Following	Direct (D)	
								D (	<b>F</b>		A ( )Y 1		· <b>F</b> · · · · ·	or Indirect	
								Date	Expiration	Title	Amount or Number		Transaction(s)	(I)	
				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					

## Signatures

/s/Angelina Richardson, Vice President on behalf of Bank of America Corporation	10/29/2009
Signature of Reporting Person	Date
/s/Robert Shine, Attorney in Fact on behalf of Merrill Lynch, Pierce, Fenner & Smith, Inc	 10/29/2009
-**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.