FORM 4

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

OMB APPROVAL
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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

1 Name or	pe Responses														,
Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol IPC The Hospitalist Company, Inc. [IPCM]					M]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N TRYON ST				J. D	3. Date of Earliest Transaction (Month/Day/Year) 08/19/2008					Office	er (give title belo	ow)	Other (specify b	elow)	
(Street) CHARLOTTE, NC 28255					4. If Amendment, Date Original Filed(Month/Day/Year) 08/21/2008				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)		Date (Month/Day/Year) a		eemed ition Date, if	Date, if Code (Instr. 8)		tion 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form:	Beneficial			
					th/Day/Year)	Code	V Amount (A) or (D)		or	Price	,		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	n Stock		08/19/2008	3		S ⁽³⁾		444	$D = \frac{1}{2}$	\$ 23.588	1,318,	535 (4)		D (1) (2)	
			Tal		vative Securi		the	form di	n this f splays of, or B	form are a curre eneficial	not requesting ntly valid	uired to res OMB con	spond unle	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day	on 3A. D Execu	(e.g.,	4. Transaction Code	5.	conthe fred, I for the free free free free free free free fr	ntained i form di	of, or Borcisable on Date	eneficial curities) 7. T Ame	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersi Form of Derivati Security Direct (i or Indire	11. Natu of Indire Beneficie ve (Unstr. 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				
BANK OF AMERICA VENTURES	X				

Signatures

/s/ Jeff Atkins, authorized person 08/21/2008

**Signature of Reporting Person	Date	
/s/ Jeff Atkins, authorized person	08/21/2008	
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).
- (1) The shares are held of record by Bank of America Ventures ("BAV"). Bank of America Corporation ("BAC") is the parent of BAV.

 Under the terms of an investment management agreement between Scale Management, LLC ("Scale"), BAC, BAV and BAIC, Scale manages the investments of the securities of the issuer held of record by BAV and therefore may be deemed to have beneficial ownership of the securities of the shares held by BAV. Scale disclaims
- (2) beneficial ownership of all securities of the issuer held of record by BAV. BAV shares dispositive power over such securities of the issuer with Scale. BAC, as the parent of BAV, may also be deemed to share dispositive power over the securities of the issuer held of record by BAV as a result of certain approval rights with respect to such securities.
- (3) The reported sale was effected by Banc of America Securities LLC ("BAS"). BAC is the parent of BAS.
- (4) The number of shares beneficially owned by the reporting persons following the transaction was incorrectly reported in the original form 4 filed on August 21, 2008.

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.