FORM 4	4
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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).	

(Print or Type Perpone

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

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

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 Reportin BANK OF AMERICA CC	2. Issuer Name TORTOISE I [TYY]			-	-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last) (First) BANK OF AMERICA CC CENTER, 100 N TRYON		3. Date of Earlie 10/08/2009	est Transac	tion	(Month/D	ay/Yea	ar)			
(Street) CHARLOTTE, NC 28255		4. If Amendmer	it, Date Or	igina	l Filed(Mo	nth/Day/	'Year)	6. Individual or Joint/Group Fili Form filed by One Reporting Person X_Form filed by More than One Report	0	icable Line)
(City) (State)	(Zip)	,	Table I - N	lon-]	Derivative	e Secu	rities Acqu	ired, Disposed of, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		Execution Date, if	Code	on	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)		Form: Direct (D)	t (D) Ownership
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	10/08/2009	10/08/2009	S		9,425	D	\$ 19.8	6,275	Ι	By Subsidiar
Common Stock	10/08/2009	10/08/2009	Р		1,000	А	\$ 19.8	7,275	Ι	By Subsidiar
Common Stock	10/09/2009	10/09/2009	S		1,000	D	\$ 19.6686	6,275	Ι	By Subsidiar

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. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	4	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on 1	Numb	er	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	(of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	1	Deriva	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	Securi	ties			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				1	Acqui	red			4)			0	Direct (D)	
						(A) or							1	or Indirect	
						Dispo							Transaction(s)	< / S	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr.									
					4	4, and	5)								
											Amount				
								Date	Emination		or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address		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	Х		
NEW YORK, NY 10080			
			i.

Signatures

Bank of America Corporation, By: /s/ Angelina L. Richardson, Title: Vice President	10/13/2009
-**Signature of Reporting Person	Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Robert M. Shine, Title: Attorney-in-Fact	10/13/2009
-**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.