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

OMB APPROVA	\L
OMB Number:	3235-0287
Estimated average burden	
per response	0.5

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

(Print or Type Respo	nses)															
1. Name and Address of Reporting Person* BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol BLACKROCK MARYLAND MUNICIPAL BOND TRUST [BZM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/21/2010												
(Street) CHARLOTTE, NC 28255				4. If Amendment, Date Original Filed(Month/Day/Year)							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)	(S	State)	(Zip)			Т	able I -	No	n-Derivat	ive Secui	rities Acq	quired, Disposed of, or	Beneficiall	y Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, it any (Month/Day/Year		(Instr. 8)			4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership	Beneficial	
				(Month/Day/Tear)		Code		V	Amount (A) or (D)		Price	or India (I)		or Indirect	(Instr. 4)	
Common Stock 01/21/20		01/21/2010			P			800	A	\$ 14.12	800				By Subsidiary	
Common Stock 01/21/2010		01/21/2010			S			300	D	\$ 14.13	500				By Subsidiary	
Common Stock 01/21/2010			01/21/2010			S			500	D	\$ 14.08	0				By Subsidiary
Reminder: Report or	a separate lin	e for each class of sec	curities beneficially	y owned dire	ectly or in	directly.					14-41		-4:		GE.	2.1474 (0.02)
							fo	rm		equired	to respo	collection of information of unless the form			SE	C 1474 (9-02)
			Table	II - Deriva					sposed of, convertib			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	version (Month/Day/Year) large control of varive Date (Month/Day/Year) large control of the version (Month/Day/Year) l	3A. Deemed Execution Date, if any (Month/Day/Year)	if Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6 ai d (!	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti	tle and Amount of erlying Securities r. 3 and 4)	Securities Derivative	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)		Date Exercisable	Expirati Date	ion Title	Amount or Number of Shares		Reported Transaction(s (Instr. 4)	or Indirec (I) (Instr. 4)	t.
Reporting	Owners	S														

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BANK OF AMERICA CORP /DE/ BANK OF AMERICA CORPORATE CENTER 100 N. TRYON STREET CHARLOTTE, NC 28255		X				
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. 4 WORLD FINANCIAL CENTER NORTH TOWER NEW YORK, NY 10080		X				

Signatures

Bank of America Corporation, By: /s/ Beth Dorfman, Authorized Signatory	03/17/2011
**Signature of Reporting Person	Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Lawrence Emerson, Title: Attorney-In-Fact	03/17/2011
**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).

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.

Disgorgement of profits, if applicable, based on transactions reported above is being made by the Reporting Persons to the Issuer.

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.