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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden	hours					
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 NUVEEN QUALITY INCOME MUNICIPAL FUND INC [NXJ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET				3. Date of Earliest Transaction (Month/Day/Year) 07/29/2010											
(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)		State)	(Zip)	Table I - Non-Derivative Securities Acquired, Di					quired, Disposed of, or	ed, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	Beneficial	
			(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price				Direct (D) Ownership or Indirect (I) (Instr. 4)		
Common Stock		07/29/2010				P		515	A	\$ 13.95	515			I	By Subsidiary
Common Stock 07/29/2010		07/29/2010			P		485	A	\$ 14	1,000			I	By Subsidiary	
Common Stock 07/29/2010		07/29/2010			S		1,000	D	\$ 13.95	0			I	By Subsidiary	
Common Stock			12/15/2010			P		250	A	\$ 12.75	250			I	By Subsidiary
Common Stock 12/15/2010		12/15/2010			S		250	D	\$ 12.5	0			I	By Subsidiary	
Reminder: Report or	n a separate lin	e for each class of se	curities beneficially	y owned dir	ectly or ir	directly.	□por	sons who	respon	d to the	collection of inform	ation conta	ained in this	SE	EC 1474 (9-02)
							for		required	to resp	ond unless the form			31	C 1474 (9-02)
			Table			rities Acqui					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	tion Date (Month/Day/Year) Exist Ve	3A. Deemed Execution Date, if any (Month/Day/Year)	if Code De (Instr. 8) Sec (A)		Number of erivative equired a) or Disposed of b) nstr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Und	tle and Amount of erlying Securities r. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following	Ownershi Form of Derivativ Security: Direct (D	Ownership (Instr. 4)
				Code	v	(A) ((D)	Date Exercisab	Expirat Date	tion Title	Amount or Number of Shares		Reported Transaction((Instr. 4)	or Indirection (I) (Instr. 4)	
Reporting	Owner														

	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		03/21/2011
**Signature of Reporting Person		Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Lawrence Emerson, Title: Attorney-In-Fact		03/21/2011
**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).

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.

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.