FORM 4

(Print or Type Responses)

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

OMB APPROVAL					
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

Name and Addres BANK OF AME		2. Issuer Name and Ticker or Trading Symbol FLAHERTY & CRUMRINE/CLAYMORE TOTAL RETURN FUND INC [FLC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Other (specify below)							
BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/19/2011											
(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, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Beneficial		
					Code	V	Amount	(A) or (D)	Price				Direct (D) Ownership or Indirect (Instr. 4) (Instr. 4)		
Common Stock			01/19/2011			P		1,450	A	\$ 17.26	1,450				By Subsidiary
Common Stock 01/19/201		01/19/2011			S		1,450	11)	\$ 17.43	0			I	By Subsidiary	
Common Stock			02/25/2011			P		167		\$ 17.64	167				By Subsidiary
Common Stock			02/25/2011			S		167	11)	\$ 17.73	0				By Subsidiary
Reminder: Report or	n a separate line	e for each class of se	curities beneficially	y owned dire	ectly or in	directly.									
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 - Deriva		rities Acqui warrants, o					wned			-	
Derivative Security Conversion (Instr. 3) Date (Month/Day/Year) Execution any		3A. Deemed Execution Date, it any (Month/Day/Year	(Instr. 8) Securities Acc		uired ed of	lof		Unde	tle and Amount of orlying Securities r. 3 and 4)	Owned Following	Derivative Securities Beneficially Owned	Ownership Form of	(Instr. 4)		
				Code	V	(A)		Date Exercisabl	Expiration Expiration Expiration	Title	Amount or Number of Shares		Transaction(s (Instr. 4)		

Reporting Owners

	Relationships						
Reporting Owner Name / Address		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	05/03/2011
**Signature of Reporting Person	Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Lawrence Emerson, Title: Attorney-In-Fact	05/03/2011
**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.