FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue. See

Instruction 1(b).

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 Respon	nses)															
1. Name and Address of Reporting Person * BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol GABELLI EQUITY TRUST INC [GAB]							Director					
BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET				3. Date of Earliest Transaction (Month/Day/Year) 03/30/2011							Officer (give title be	elow)	Other (s	(specify below)		
(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												
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year		(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 I Form: I	Beneficial Ownership	
						Code	V	Amount	\ /	Price				(Instr. 4)		
Common Stock 03/30/2011			03/30/2011			P		1,841	A	\$ 6.17	1,841				By Subsidiary	
Common Stock 03/30/2011		03/30/2011			S		1,841	11)	\$ 6.12	0				By Subsidiary		
Reminder: Report or	a a separate line	e for each class of sec	curities beneficially	owned dire	ectly or in	directly.										
	Persons who respond to the collection of information contained in this SEC 1474 (9-02) form are not required to respond unless the form displays a currently valid OMB control number.															
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security		Execution Date, if	r) Code Derrication (Instr. 8) Section (A) (D)		A) or Dispose D)	rivative curities Acquired or Disposed of		and Expiration Date		tle and Amount of erlying Securities r. 3 and 4)	Derivative D Security So (Instr. 5) B O			(Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	on Title	Amount or Number of Shares		Transaction(s) (Instr. 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 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.