## FORM 4

(Print or Type Res

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

OMB APPROVA	L
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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).

### 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 Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer					
BANK OF AMERICA CORP /DE/				RECORDING INDUSTRIES CORP [HYB]						(Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET			: : =	3. Date of Earliest Transaction (Month/Day/Year) 03/28/2011						Officer (give title b	elow)		specify below)		
(Street) CHARLOTTE, NC 28255			4	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		, if (	(Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			Following Reported Transaction(s) (Instr. 3 and 4)				Beneficial	
				(Month/Day/Y	ear)	Code	V	Amoun	(A) or (D)	Price					Ownership (Instr. 4)
Common Stock 03/28/2011		03/28/2011			P		1,466	A	\$ 10.23	1,466			I	By Subsidiary	
Common Stock 03/28/2011		03/28/2011			S		1,466	D	\$ 10.18	0			I	By Subsidiary	
Reminder: Report or	a separate line	e for each class of se	curities beneficially	owned directly o	r indii	rectly.	_								
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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities)															
Derivative Security Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, if	f Code De Sec (A) (D)		) or Disposed of		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration		Unde (Instr	cle and Amount of crlying Securities : 3 and 4)  Amount or Number	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	Ownershi Form of Derivative Security: Direct (D or Indirect	
				Code V	(A	A) (	D)	Exercisab		Title	of Shares		Transaction(s (Instr. 4)	(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
Merrin Lynch, Fierce, Felhier & Sinth incorporated, By. 78/ Lawrence Emerson, Title. Attorney-in-Fact		03/03/2011
**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.