FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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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

(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 CREDIT ALLOCATION INCOME TRUST II [PSY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/18/2011											
(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)	(5	State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)			2. Transaction Date (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 Form:	7. Nature of Indirect Beneficial Ownership
			(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4) (Instr. 4)		
Common Stock			01/18/2011			P		400	A	\$ 9.75	400			I	By Subsidiary
Common Stock	Common Stock 01/18/2013		01/18/2011			S		100	D	\$ 9.66	300		I	By Subsidiary	
Common Stock	Common Stock 01/18/201		01/18/2011			s		300	D	\$ 9.67	0			I	By Subsidiary
Common Stock	ommon Stock 01/21/201		01/21/2011			P		118	A	\$ 9.68	118			I	By Subsidiary
Common Stock 01/21/2011		01/21/2011			S		118		\$ 9.58	0			I	By Subsidiary	
Reminder: Report or	n a separate lin	e for each class of se	curities beneficially	owned dire	ctly or in	directly.	-								
							form	are not i		to resp	collection of inform ond unless the form			SE	CC 1474 (9-02)
			Table	II - Deriva (e.g., p	tive Secu its, calls,	rities Acquir warrants, o	ed, Di	isposed of, , convertib	or Benefic	cially O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ision Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	if Code Der Sec (A) (D)		crivative curities Acquired) or Disposed of		and Expiration Date U		Und	itle and Amount of erlying Securities r. 3 and 4)	Derivative Security (Instr. 5) Be Ov Fo	Securities Beneficially Owned Following	Ownersh Form of Derivativ Security: Direct (D) \ \
				Code	v	(A) (I		Date Exercisable	Expiration Date	on Title	Amount or Number of Shares		Reported Transaction (Instr. 4)	or Indirect (I) (Instr. 4)	et
Donovtina	0														

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.