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 NUVEEN OHIO QUALITY INCOME MUNICIPAL FUND INC [NUO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner Officer (give title below)Other (specify below)					
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N. TRYON STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/28/2011												
(Street) CHARLOTTE, NC 28255				4. If Amendment, Date Original Filed(Month/Day/Year)							Form filed by One Re	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)			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)				Beneficial Ownership	
						Cod	le '	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock			06/28/2011			P			100	A	\$ 15.23	100			I	By Subsidiary
Common Stock			06/28/2011			P			1,700	A	\$ 15.24	1,800			I	By Subsidiary
Common Stock			06/28/2011			P			200	A	\$ 15.25	2,000			I	By Subsidiary
Common Stock 06/28/2011		06/28/2011			S			2,000	D	\$ 15.29	0			I	By Subsidiary	
Reminder: Report or	a separate line	e for each class of sec	curities beneficiall	y owned dire	ectly or	indirectly.	fo	rm a	are not i		to resp	collection of information			SE	C 1474 (9-02)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
(Instr. 3) or Exercise (Month/Day/Year) any		Execution Date, i	if Code Derivativ Securitie: (A) or Di (D)		A) or Disp D)	vative ar		6. Date Exercisable and Expiration Date (Month/Day/Year)		Und (Ins	itle and Amount of erlying Securities ir. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported	ove Ownersh es Form of ially Derivativ Security: Direct (I	(Instr. 4)	
				Code	v	(A)	(D)		ate exercisable	Expirati e Date	Title	Amount or Number of Shares		Transaction((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/ Gary Whitman, Authorized Signatory	08/09/2011
**Signature of Reporting Person	Date
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Lawrence Emerson, Title: Attorney-In-Fact	08/09/2011
**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.