## FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

| 1 Nama and   |   |  |   |   |   |   |   |  |  |  |   |  |  |   |   |
|--|---|--|---|---|---|---|---|--|--|--|---|--|--|---|---|
| 1. Name and Address of Reporting Person * MOYNIHAN BRIAN T |   | 2. Issuer Name and Ticker or Trading Symbol<br>BANK OF AMERICA CORP /DE/ [BAC] |   |   |   |   |   | :  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director |  |   |  |  |   |   |
| (Last) (First) (Middle)<br>100 NORTH TRYON STREET          |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2019 |   |   |   |   |  |  | X Officer (give title below) Other (specify below)  Chairman and CEO   |   |  |  |   |   |
| (Street)   |   |  | 4. If Amendment, Date Original Filed(Month/Day/Year)        |   |   |   |   |  |  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |  |   |   |
| CHARLO' (City)   | TTE, NC 2                                     | (State)  | (Zip)   |   |   | Tabla l   | Non De  | wivativa   | Sognitio   | s A aqui   | rod Disnos  | od of or Done                              | eficially Own  | vd.   |   |
| 1 Title of Sec   | nieits;                                       |  | 2 Transaction   | 2A. Deer  | mad   | _   | saction   |  | ities Acqu   |  |   |  |  | 6.  | 7. Nature   |
| 1.Title of Security 2. Transaction Date (Month/Day/        |   |  | Execution any   | n Date, if<br>Day/Year)                           | if Code (Instr.                               | Code<br>(Instr. 8)  |   | oisposed of 4 and 5)   | f(D)   |  |   | )  |  | of Indirect<br>Beneficial<br>Ownership                  |   |
|  |   |  |   | (Wionan)  | ouy, 10                                       | Code  | e V   | Amount   | (A) or (D)   | Price  | (msu. 5 un  | ,  |  | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)          | (Instr. 4)  |
| Common S   | Common Stock 12/13/2019                       |  | 12/13/2019  |   |   | G(1   | V   | 15,000   | ) D  | \$ 0 1,  | 1,486,698   |  |  | D   |   |
| Common Stock 12/15/2019                                    |   | 12/15/2019   |   |   | М   |   | 21,838  |  | \$ 0<br>(2)  | 1,508,530  |   |  | D  |   |   |
| Common S   | Stock   |  | 12/15/2019  |   |   | D   |   | 21,838   | 11)  | \$<br>34.44  | 1,486,698   |  |  | D   |   |
| Common Stock   |   |  |   |   |   |   |   |  |  | 3,076.07   |   |  | I  | 401(k)  |   |
|  |   | parate line for each   | class of securities b                                       | eneficially                                       | owne  | d directly o  |   | -  |  |  |   |  |  | L and   | Plan  |
|  |   | parate line for each   |   | · Derivativ                                       | ve Seci                                       | rities Acq  | Perso<br>in thi<br>a cur  | ons who s form a rently va   | re not realid OME  | equired<br>3 contro<br>ficially (  | to respor<br>ol number                            |  | tion contain<br>e form displ   |   | 1474 (9-02)   |
| Reminder: Re   |   | 3. Transaction Date  | Table II -  3A. Deemed Execution Date, if                   | Derivativ<br>(e.g., put:<br>4.<br>Transac<br>Code | ve Secus, calls  5. tion Sc Sc Of Of Of Of (I |   | Person in this a curred, Disoptions,  6. Date Expirati (Month/    | ons who s form a rently various of convertil   | re not realid OME , or Beneble securi  | ficially (ities)  7. Title of Und Securit  | to respond number  Owned  e and Amoulerlying      | d unless the                               |  | of 10. Owners Form o Derivat Security Direct ( or Indir | 11. Nat<br>of Indir<br>f<br>Benefic<br>owners<br>y: (Instr. 4 |
| Reminder: Re   | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date  | Table II -  3A. Deemed Execution Date, it                   | Derivativ<br>(e.g., put:<br>4.<br>Transac<br>Code | ve Secus, calls  5. tion Sc Sc Of Of Of Of (I | rities Acq<br>warrants.<br>Number<br>Derivative<br>excurities<br>equired (A<br>Disposed<br>(D)<br>nstr. 3, 4,<br>d 5) | Person in this a curtained, Discoptions, 6. Date Expirati (Month/ | ons who<br>s form a<br>rently va<br>sposed of<br>convertil<br>Exercisab<br>on Date<br>Day/Year | re not realid OME  | ficially (ities)  7. Title of Und Securit  | to respond number  Owned  e and Amoulerlying ties | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported | of 10. Owners Form o Derivat Security Direct ( or Indir | 111. Nathip of Indir Benefic Owners (Instr. 4                 |

Other

## Signatures

Reporting Owner Name / Address

100 NORTH TRYON STREET

MOYNIHAN BRIAN T

CHARLOTTE, NC 28255

| Brian T. Moynihan/Amanda D. Daniel POA | 12/17/2019 |
|--|------------|
|  |            |

Relationships

Officer

Chairman and CEO

10%

Owner

Director

X

| **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).
- (1) Represents a charitable gift by the reporting person.
- (2) Each unit is the economic equivalent of one share of Bank of America Corporation common stock.
- (3) On February 15, 2019, the reporting person was granted units, vesting and payable solely in cash as follows: 1/12th of the stock units vest and become payable on the 15th day of each month during the 12-month period beginning in March 2019 and ending in February 2020.

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.