

# FORM 5

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

| OMB APPROVAL                                   |           |
|--|-----------|
| OMB Number:                                    | 3235-0362 |
| Estimated average burden hours per response... | 1.0       |

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

- Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Form 3 Holdings Reported
- Form 4 Transactions Reported

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. Name and Address of Reporting Person*<br><b>Smith Andrea B</b> |   |   | 2. Issuer Name and Ticker or Trading Symbol<br><b>BANK OF AMERICA CORP /DE/ [BAC]</b>   |  |            | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director _____ 10% Owner _____<br><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____<br><div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Chief Administrative Officer</div> |   |   |  |
|---|---|---|---|--|------------|---|---|---|--|
| (Last) (First) (Middle)<br><br>100 NORTH TRYON STREET             |   |   | 3. Statement for Issuer's Fiscal Year Ended<br>(Month/Day/Year)<br>12/31/2020           |  |            |   |   |   |  |
| (Street)<br><br>CHARLOTTE, NC 28255                               |   |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                                    |  |            | 6. Individual or Joint/Group Reporting<br>(check applicable line)<br><br><input checked="" type="checkbox"/> Form Filed by One Reporting Person<br><input type="checkbox"/> Form Filed by More than One Reporting Person  |   |   |  |
| (City) (State) (Zip)  |   |   | <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b> |  |            |   |   |   |  |
| 1. Title of Security<br>(Instr. 3)                                | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year) | 3. Transaction Code<br>(Instr. 8)   | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |            |   | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|   |   |   |   | Amount   | (A) or (D) | Price   |   |   |  |
| Common Stock  | 10/27/2020                              |   | G(1)  | 30,535   | D          | \$ 0  | 295,278 (2) (3)   | D   |  |
| Common Stock  |   |   |   |  |            |   | 64,025  | I   | 2018 GRAT  |
| Common Stock  |   |   |   |  |            |   | 87,000  | I   | 2019 GRAT  |
| Common Stock  |   |   |   |  |            |   | 54  | I   | UTMA Trust 1   |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

SEC 2270 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security<br>(Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed Execution Date, if any<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date<br>(Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities<br>(Instr. 3 and 4) | 8. Price of Derivative Security<br>(Instr. 5) | 9. Number of Derivative Securities Beneficially Owned at End of Issuer's Fiscal Year<br>(Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 4) | 11. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|---|--|---|---|-----------------------------------|--|---|-----------------|--|---|--|---|---|
|   |  |   |   |                                   |  | Date Exercisable  | Expiration Date |  |   |  |   |   |
|   |  |   |   |                                   | (A) (D)  |   |                 |  |   |  |   |   |

## Reporting Owners

| Reporting Owner Name / Address                                  | Relationships |           |                              |       |
|---|---------------|-----------|------------------------------|-------|
|   | Director      | 10% Owner | Officer                      | Other |
| Smith Andrea B<br>100 NORTH TRYON STREET<br>CHARLOTTE, NC 28255 |               |           | Chief Administrative Officer |       |

## Signatures

Andrea B. Smith / Michael P. Lapp POA

02/08/2021

--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) 20,900 shares previously reported as being indirectly held by the reporting person in the 2018 GRAT were transferred from the 2018 GRAT to the reporting person as an annuity payment in accordance with the terms of the 2018 GRAT and are now owned directly by the reporting person.
- (3) 13,000 shares previously reported as being indirectly held by the reporting person in the 2019 GRAT were transferred from the 2019 GRAT to the reporting person as an annuity payment in accordance with the terms of the 2019 GRAT and are now owned directly by the reporting person.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.