# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Ty	pe Response	s)													
1. Name and Address of Reporting Person * BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol BLACKROCK MUNIYIELD QUALITY FUND II, INC. [MQT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below) Other (specify below)					
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N TRYON ST				3. Date of Earliest Transaction (Month/Day/Year) 01/17/2012											
(Street)				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  tired, Disposed of, or Beneficially Owned						
CHARLOTTE, NC 28255 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu												
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, any (Month/Day/Yea	f Code (Instr. 8)		ction	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Co	ode	V	Amoun	(A) or (D)	Price			(I) (Instr. 4)		(msu. 4)
Auction Rate Preferred (1) 01/17/		01/17/2012			<u>2)</u>		803	D	(2)	845		I	See Footnote (1)		
Reminder:	Report on a s	separate line fo		Derivative Securi	ties Acq	quire	Pers cont the f	ons whained in	no respo n this fo splays a	rm are curre reficia	e not requently valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/\frac{1}{2})	3A. Deemed Execution Da	e.g., puts, calls, w 4. Transaction Code Year) (Instr. 8)	5. Numbo of Deriva Securi Acquii (A) or Dispos of (D) (Instr. 4, and	er ative ties red sed 3,	and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date Exercisable Date  Ti		7. T Am Und Sec (Ins 4)	Amount or Number of Shares	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct or India	ive Ownersh (Instr. 4) D) ect	

## **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 ST CHARLOTTE, NC 28255		X				
BANK OF AMERICA NA 101 S TRYON STREET CHARLOTTE, NC 28255		X				
Blue Ridge Investments, L.L.C. 214 NORTH TRYON STREET CHARLOTTE, NC 28255		X				

#### **Signatures**

/s/ John Hiebendahl	01/19/2012
**Signature of Reporting Person	Date
/s/ Michael Didovic	01/19/2012
**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).
- The Auction Rate Preferred Shares ("Shares") reported in Table I represent shares beneficially owned by Bank of America N.A. ("BANA") and Blue Ridge Investors, L.L.C. ("Blue Ridge"). BANA and Blue Ridge are wholly owned subsidiaries of Bank of America Corporation ("Bank of America").
- (2) The Shares were called for redemption by the issuer at par value.

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.