## FORM 4

(Print or Type Responses)

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burd	en hours					
ner resnonse	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. Name and Address of Reporting Person* BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol DNP SELECT INCOME FUND INC [DNP]							Director					
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N TRYON ST				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2013							Officer (give title b	pelow)	Other (	specify below)		
(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)	(Si	tate)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security 2. Transaction Date (Month/Day/Y			Execution Date, if any		(Instr. 8)		Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial		
				(Month/Day/Year)	Code	e	V	Amount	(A) or (D)	Price	:			Direct (D) Ownership or Indirect (Instr. 4) (Instr. 4)		
Common Stock			03/26/2013			P			480	A	\$ 10.3	3 480			1	By subsidiary
Common Stock 03/26/2013		03/26/2013			S			480	D	\$ 10.17	79 0			1	By subsidiary	
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 1474 (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 (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	D Se (A (I	Number of 6 erivative accurities Acquired (A) or Disposed of (D) nstr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		te Ur (Ir	Title and Amount of iderlying Securities str. 3 and 4)  Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivative Security: Direct (D or Indirec		

## **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						
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. 4 WORLD FINANCIAL CENTER NORTH TOWER NEW YORK, NY 10080		X						

### **Signatures**

Michael Didovic	03/28/2013
**Signature of Reporting Person	Date
Lawrence Emerson	03/28/2013
**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.

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.