FORM 4

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

OMB APPROVAL
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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 DNP SELECT INCOME FUND INC [DNP] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director _X10% Owner | | | | | | |
| | F AMERI | (First) ICA CORP RYON ST | | | Date of Ea 112/2014 | | t Trans | saction | 1 (M | Ionth/Day | y/Year) | | Office | er (give title belo | ow) | Othe | er (specify belo | w) |
| CHARLO | OTTE, NC | (Street) | | 4. If | f Amendn | nent, | Date | Origin | al F | Filed(Month | n/Day/Year) |) | Form file | ual or Joint/0 ed by One Repo led by More than | rting Person | | • • | Line) |
| (City | <i>y</i>) | (State) | (Zip) | | | T | able I | - Non | -De | rivative S | Securitie | es Acq | uired, Disp | osed of, or l | Beneficiall | y Ow | ned | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Year | Exect any | Deemed ution Dat nth/Day/Y | | Code (Instr | r. 8) | ion | · / | eisposed of 4 and 5) (A) or | of (D) | Beneficiall Reported T (Instr. 3 an | of Securitie y Owned Fo Transaction(s d 4) | llowing | Form Direc | ership Indi Ben et (D) direct (Ins | fature of rect efficial nership tr. 4) |
| Auction 1 | Rate Prefe | rred (1) | 03/12/2014 | | | | J | | v | 509 | , | (2) | 467 | | | I | Ву | osidiary |
| | T | | for each class of sec | - Deriv | vative Sec | curit | ies Ac | t quire | Pers con the | sons what ained in form dis | no responding this for splays a | orm a a curi mefici | o the collecte not require not requirently valid | uired to res OMB con | spond un | less | SEC 14 | 74 (9-02) |
| 1 77'4 | 12 | 2 75 4 | on 3A. Deeme | | puts, call | s, w | arran 5. | | | | | | | 0 D : C | 0.31 1 | c | 10 | 11.37. |
| Derivative Conversion D | | | Date Execution Da Month/Day/Year) Execution Da | | te, if Transaction Code Year) (Instr. 8) | | Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Aı Uı Se | Title and mount of nderlying securities nstr. 3 and | Derivative Security (Instr. 5) | 9. Number Derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e C F Illy I S G on(s) (| 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Natur of Indirec Beneficia Ownershi (Instr. 4) | |
| | | | | | | | | | Dat Exe | ~ | Expiration Date | on Ti | Amount or Number of | | | | | |

Reporting Owners

| | | Relationsl | ips | |
|--|----------|--------------|---------|-------|
| 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 | | |
| Blue Ridge Investments, L.L.C. 214 NORTH TRYON STREET CHARLOTTE, NC 28255 | | X | | |

Signatures

/s/ Michael Lange (Blue Ridge Investments, L.L.C.)

03/14/2014

| **Signature of Reporting Person | Date |
|---|------------|
| /s/ Michael Didovic (Bank of America Corporation) | 03/14/2014 |
| **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 Blue Ridge Investments, L.L.C. ("Blue Ridge"). Blue Ridge is a wholly owned subsidiary 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.