

Form 13F Filer Information

Filer CIK Filer CCC File Number 06-30-2016
Period

Is this a LIVE or TEST Filing?

LIVE TEST

Would you like a return copy?

YES

Is this an electronic copy of an official filing submitted in paper format? YES

Submission Contact Information

Name

Phone

Email Address

Notification Information

Notify via Filing website only? YES

Notification will automatically be sent to the Login CIK, Submission Contact, and Primary Issuers. Specify additional addresses below.

Notification Email Addresses

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**United States
Securities and Exchange Commission
Washington, D.C. 20549**

Form 13F

Form 13F Cover Page

Report for the Calendar Year or Quarter Ended: 06-30-2016

Check here if Amendment: Amendment Number:

This Amendment (Check only one.):

is a restatement.

adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name: BANK OF AMERICA CORP /DE/
BANK OF AMERICA CORPORATE CENTER
100 N TRYON ST

Address: CHARLOTTE NC 28255

Form 13F File Number:

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

Name: Sarah Turner

Title: Director

Phone: 442079963416

1	028-10264	BANK OF AMERICA NA
2	028-00962	MERRILL LYNCH, PIERCE, FENNER & SMITH INC.
5	028-14408	MERRILL LYNCH CANADA INC
6	028-07178	MERRILL LYNCH INTERNATIONAL
20	028-16009	Blue Ridge Investments, L.L.C.
21	028-16012	EQUITY FINANCE DELAWARE, LLC
28	028-10270	U.S. TRUST Co OF DELAWARE
43	028-12631	MANAGED ACCOUNT ADVISORS LLC

[Repeat as necessary.]

FORM 13F INFORMATION TABLE

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	
Name of Issuer	Title of Class	CUSIP	Value (x\$1000)	SHRS or PRN	SH / PUT / AMT	Investment DISCRETION	Other Manager	Voting Authority
								Sole Shared None

[Repeat as Necessary]