FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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nours per response	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

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person* ROSSOTTI CHARLES O				2. Issuer Name and Ticker or Trading Symbol MERRILL LYNCH & CO INC [MER]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O MERRILL LYNCH & CO., INC., 4 WORLD FINANCIAL CENTER			· · · · · · · · · · · · · · · · · ·	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2006							Officer (g	give title below)	Oth	er (specify below	v)
(Street) NEW YORK, NY 10080				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City	<i>i</i>)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				ies Acquir	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			Date Month/Day/Year)		Date, i	f Cod (Ins	ransaction e r. 8)	(A) or D	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		eneficially eported Tra	of Securities Owned Following ransaction(s)		Ownership Form:	Beneficial
				(Month/Da	ay/Yea		ode V	Amount	(A) (D)	or	(Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)		r Indirect (I	Ownership (instr. 4)	
Reminder:	report on a c						conta	ined in	this f	orm are n	ot require		nd unless tl		174 (9-02)
Reminder:	report on a c						conta	ined in	this f	orm are n	ot require		nd unless tl		174 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transac Code	5. 5. 1. 1. 1. 1. 1. 1.	umber erivati ecuritie cquired A) or isposed	equired, Diese of the control of the	ined in displays	this for a cu f, or Boble second	orm are no rently va	ot require lid OMB of Owned d Amount ring	d to respo	nd unless tl	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	5. 5. N Of D S A (# D Of (I 4.	umber erivati ecuritie equire (A) or ispose	contate form equired, Distance of the property of the propert	sposed of convertil Exercisab tration Da Day/Year	this for a cu	eneficially (curities) 7. Title and of Underly Securities	ot require lid OMB of Owned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ROSSOTTI CHARLES O C/O MERRILL LYNCH & CO., INC. 4 WORLD FINANCIAL CENTER NEW YORK, NY 10080	X					

Signatures

Charles O. Rossotti (by Pia K. Thompson, as agent)	10/03/2006
**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 reporting person participates in the Merrill Lynch & Co., Inc. Fee Deferral Plan for Non-Employee Directors (the "Fee Deferral Plan"), under which these ML Stock Units were (1) credited. Transactions under the Fee Deferral Plan are exempt under Rule 16b-3. The value of each unit is equal to the value of one share of Merrill Lynch & Co., Inc. Common Stock. ML Stock Units are payable in cash at the end of the deferral period as provided in the Fee Deferral Plan.
- (2) 1 for 1

Remarks:

All reported positions have been rounded down to the nearest whole number.

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.