FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
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 * CODINA ARMANDO M				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) 11/30/2006								Officer (g	give title below)) Oth	er (specify below)
(Street) NEW YORK, NY 10080				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City	<i>i</i>)	(State)	(Zip)			Ta	ble I -	Non-Deri	vative	Securi	ties Acquir	ed, Dispos	ed of, or Be	neficially Ow	ıed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y		Pate, if Code (Instr.		(4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5) Amount (A) or (D)		ed of (D) B S R	Beneficially Owned Follow: Reported Transaction(s) (Instr. 3 and 4)		F	Ownership of orm:	7. Nature of Indirect Beneficial Dwnership Instr. 4)	
							le V			or			0	\ /		
			Table II - D					contai form d	ned in lisplay	this f s a cu	urrently va	ot require lid OMB o	d to respo	nd unless th		74 (9-02)
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, if Transaction Number and or Exercise (Month/Day/Year) any Code of (Month/Day/Year)		6. Date Exand Expire				Ü		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial					
				Code	V	(A)	(D)	Date Exercisab		oiration e	Title	Amount or Number of Shares				
ML Stock Units (1)	<u>(2)</u>	11/30/2006		A		70		(2)		(2)	Common Stock	n 70	\$ 88.57	1,509 (3)	D	

Reporting Owners

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

Signatures

Armando M. Codina (by Pia K. Thompson, as agent)	12/04/2006
**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
- (3) This total also reflects the reinvestment of dividend equivalents into ML Stock Units pursuant to the terms of the Fee Deferral Plan. This transaction is exempt from reporting pursuant to Rule 16a-3 and/or 16a-11.

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.