FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average	e burden					
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

Form 4 Transactions

Reported

ANNUAL 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* Nguyen Thong M			2. Issuer Name and Ticker or Trading Symbol BANK OF AMERICA CORP /DE/ [BAC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				X_ Officer (give title below) Other (specify below) Vice Chairman				
100 NORTH TRYON STREET			12/31/2020								
	(Street) 4. If Am				If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)		
CHARLOTTE, N	C 28255		_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person								
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock		11/23/2020		G(1)	5,000	D	\$ 0	317,632	D		
Common Stock								306.391 ⁽²⁾	I	401(k) Plan	

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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	ı
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	er	and Expirati	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	i
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	i
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				Acqu	ired			4)			Owned at	Direct (D)		i
					(A) o	r						End of	or Indirect		i
					Dispo	sed						Issuer's	(I)		
					of (D))						Fiscal Year	(Instr. 4)		
					(Instr	. 3,						(Instr. 4)			
					4, and	15)									
										Amount					
							-			or					
								Expiration		Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Nguyen Thong M 100 NORTH TRYON STREET CHARLOTTE, NC 28255			Vice Chairman					

Signatures

Thong M. Nguyen / Michael P. Lapp POA	02/08/2021
**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).
- (1) Represents a charitable gift by the reporting person.
- (2) The share equivalents attributed to the reporting person's 401(k) balance increased 10.398 shares due to dividend reinvestments and changes in the Net Asset Value (NAV) of the issuer's stock fund.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.