FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					- 01		000011 00(11)	or tile i	1140001110		ilpaily Act of	-10	10									
BANK OF AMERICA CORP /DE/						2. Issuer Name and Ticker or Trading Symbol WESTERN ASSET MUNICIPAL PARTNERS FUND INC. [MNP]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 3					3. Da	3. Date of Earliest Transaction (Month/Day/Year) 11/16/2022										Officer (give title X Other (specify below) Former 10% Owner						
100 N TRYON	100 N TRYON ST 4. If Amer						Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street) CHARLOTTE	NC	28	3255												X Form filed by More than One Reporting Person							
(City)	(State)	(Zi	p)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
Date				Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Beneficially O Following Rep		Owned eported	6. Own Form: I or India (Instr. 4	Direct (D) rect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Auction Rate Preferred					/16/2022				S		155	D \$47		\$47,50	00	0	0		I	By Subsidiary ⁽¹⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transac Code (Ir 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		nderlyin ecurity		8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte	ve Over ses ially Di or or (I)	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)		Date Exerc	isable	Expiration Date	Tif	tle	Amount or Number of Shares			Transa (Instr. 4					
1. Name and Address of Reporting Person* BANK OF AMERICA CORP /DE/																						
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER 100 N TRYON ST																						
(Street) CHARLOTTE NC 28255																						
(City) (State) (Zip)																						
Name and Address of Reporting Person* BANK OF AMERICA NA																						
(Last)	(Fire	st)	(Middle	:)		_																

Explanation of Responses:

100 N TRYON ST

(Street) CHARLOTTE

(City)

1. The Auction Rate Preferred Shares ("Shares") disposed of in Table 1 were beneficially owned by Bank of America, N.A. ("BANA"). BANA is a wholly owned subsidiary of Bank of America Corporation ("BAC").

Andres Ortiz (Bank of America

Corporation)

11/21/2022

11/21/2022

Andres Ortiz (Bank of America, NA)

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

28255

(Zip)

NC

(State)

 $^{^{\}star}$ 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.