Edgar Filing: NUVEEN DIVERSIFIED DIVIDEND & INCOME FUND - Form 4

NUVEEN I Form 4 March 17, 2	DIVERSIFIED DI	VIDEND	& INC	OME FUI	ND						
									OMB A	PPROVAL	
FORM	4 UNITED	STATES		RITIES A shington.			NGE (COMMISSION		3235-0287	
Check the				8	,				Expires:	January 31,	
if no lon subject t Section Form 4	16.	IENT OF	F CHAN	IGES IN SECUR	Estimated burden ho	Estimated average burden hours per response 0.5					
Form 5 obligation may con <i>See</i> Insta 1(b).	ons Section 17(a	a) of the F	Public U		ding Cor	npan	y Act of	e Act of 1934, f 1935 or Sectio 40			
(Print or Type	Responses)										
BANK OF AMERICA CORP /DE/ Symbol NUV				r Name and EN DIVE			ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner			
				END & I			ID				
(Last)	(First) (M	Middle)							titleOt below)		
	AMERICA ATE CENTER, 10 FREET	0 N.	01/13/2								
				nendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person 			
CHARLOT	TTE, NC 28255							_X_ Form filed by Person	More than One 1	Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acq	uired, Disposed o	f, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Execution Date, if		4. Securit or(A) or Di (Instr. 3,	spose	d of (D)	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/13/2010			Р	600	А	\$ 9.97	600	I	By Subsidiary	
Common Stock	01/13/2010			Р	467	А	\$ 9.99	1,067	I	By Subsidiary	
Common Stock	01/13/2010			S	1,067	D	\$ 9.9	0	I	By Subsidiary	
Common Stock	09/22/2010			Р	100	А	\$ 10.84	100	I	By Subsidiary	

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Common Stock	09/22/2010	S	100	D	\$ 10.81	0	Ι	By Subsidiary
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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.

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amour Underl Securit (Instr.	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	me / Address Relationships						
	Director	10% Owner	Officer	Other			
BANK OF AMERICA CORP /DE/ BANK OF AMERICA CORPORATE CENTER 100 N. TRYON STREET CHARLOTTE, NC 28255		Х					
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. 4 WORLD FINANCIAL CENTER NORTH TOWER X NEW YORK, NY 10080							
Signatures							
Bank of America Corporation, By: /s/ Beth Dorfman, Authorized Signatory							
<u>**</u> Signature of Reporting Person							
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Lawrence Emerson, Title: Attorney-In-Fact							
**Signature of Reporting Person							

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).

Remarks:

The transactions reported on this Form 4 were effected by Merrill Lynch, Pierce, Fenner & Smith Incorporated, an indirect, where the second se

Disgorgement of profits, if applicable, based on transactions reported above is being made by the Reporting Persons to the Issue

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.