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BLACKROC Form 4 April 16, 201	2 CALIFORNI	A MUNI	CIPAL IN	ICOME T	TRUST						
FORM	4									PPROVAL	
	UNITED	STATES					NGE	COMMISSION	OND	3235-0287	
Check this	s box		Was	hington,	D.C. 205	549			Number:		
if no long	ar .	ГЕМТ О							Expires:	January 31, 2005	
subject to			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.{		
Section 16 Form 4 or											
Form 5 obligation may conti <i>See</i> Instru 1(b).	s Section 17(a	a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40		. 0.0	
(Print or Type R	esponses)										
	ddress of Reporting	2. Issuer Name and Ticker or Trading5. RelationSymbolIssuer						nship of Reporting Person(s) to			
	BLACKROCK CALIFORNIA MUNICIPAL INCOME TRUST [BFZ]					(Check all applicable)					
(Last)	(First) (N	Middle)		Earliest Tra	insaction			Director Officer (give		% Owner her (specify	
BANK OF A CORPORAT		,	(Month/Da 04/13/20	ay/Year)				below)	below)		
TRYON ST											
				Filed(Month/Day/Year) Applicable Lin					r Joint/Group Filing(Check by One Reporting Person		
CHARLOTT	TE, NC 28255								More than One R		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						(A) or		Transaction(s) (Instr. 3 and 4)			
Auction				Code V	Amount	(D)	Price			See	
Rate Preferred (1)	04/13/2012			J <u>(2)</u>	942	D	<u>(2)</u>	582	Ι	Footnote (1)	
Auction										See	
Rate Preferred ⁽¹⁾	04/16/2012			J <u>(2)</u>	177	D	<u>(2)</u>	405	Ι	Footnote (1)	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Ti	tle of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Deri	vative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Secu	rity	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Inst	r. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
		Derivative				Securities			(Instr	. 3 and 4)		Owne
		Security				Acquired						Follo
						(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
										Amount		
										or		
							Date	Expiration	Title	Number		
							Exercisable	Date	THE	of		
					Code V	(A) (D)				Shares		
					0000 1	(11) (D)				5114105		
Re	nor	rtina O	wners									
	7 01	ung o										

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
BANK OF AMERIC BANK OF AMERIC 100 N TRYON ST CHARLOTTE, NC		Х						
Signatures								
/s/ John Hiebendahl	04/16/2012							
<u>**</u> Signature of Reporting Person	Date							
/s/ Michael Didovic	04/16/2012							
<u>**</u> Signature of	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 Auction Rate Preferred Shares ("Shares") reported in Table I represent shares beneficially owned by Bank of America N.A.

(1) ("BANA") and Blue Ridge Investors, L.L.C. ("Blue Ridge"). BANA and Blue Ridge are wholly owned subsidiaries of Bank of America Corporation ("Bank of America").

Reporting Person

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(2) The Shares were called for redemption by the issuer at par value.

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.