Edgar Filing: LIBERTY ALL STAR EQUITY FUND - Form 3

LIBERTY ALL STAR EQUITY FUND Form 3 June 15, 2016 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> Seuffert I			2. Date of Event Requiring Statement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol LIBERTY ALL STAR EQUITY FUND [xusax]					
(Last)	(First)	(Middle)	06/06/2016	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner (give title below) (specify below) sub adviser			 5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
301 TRESS 1310	ER BLVD	SUITE							
STAMFOR	(Street) D, CT (06901							
(City)	(State)	(Zip)	Table I - N	e I - Non-Derivative Securities Beneficially Owned					
1.Title of Secur (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1		
Reminder: Repower owned directly	•		ach class of securities benefic	ially	SEC 1473 (7-02)			
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Table II - Derivative Securities Beneficially Owned (<i>e.g.</i> , puts, calls, warrants, options, convertible securities)									

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)	

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(Instr. 5)

Reporting Owners

Reporting Owner Name / Addro	ess	Relationships						
		10% Owner	Officer	Other				
Seuffert Peter Joseph 301 TRESSER BLVD SUITE 1310 STAMFORD, CT 06901	Â	Â	Â	sub adviser				
Signatures								
Peter Seuffert (6/15/2016							
**Signature of Reporting Person	Date							

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.