

ClearBridge Energy MLP Fund Inc.  
 Form 3  
 May 07, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**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 Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â NORTHWESTERN MUTUAL LIFE INSURANCE CO			(Month/Day/Year)	ClearBridge Energy MLP Fund Inc. [CEM]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
720 EAST WISCONSIN AVENUE				(Check all applicable)	
(Street)				___ Director	___ 10% Owner
				___ Officer	<input checked="" type="checkbox"/> Other
MILWAUKEE, Â WI Â 53202				(give title below)	(specify below)
(City)	(State)	(Zip)		See General Remarks Below	
				6. Individual or Joint/Group Filing(Check Applicable Line)	
				<input checked="" type="checkbox"/> Form filed by One Reporting Person	
				<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
4.20% Senior Secured Notes, Series A, due April 2026	\$ 15,000,000	D	Â
4.06% Senior Secured Notes, Series C, due July 2022	\$ 47,500,000	D	Â
4.06% Senior Secured Notes, Series C, due July 2022	\$ 2,500,000	I	By Northwestern Long Term Care Insurance Company <sup>(1)</sup>

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., 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 (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
NORTHWESTERN MUTUAL LIFE INSURANCE CO 720 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	^	^	^	See General Remarks Below

## Signatures

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY By Howard Stern, Its  
authorized representative

05/07/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* 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).

(1) Northwestern Long Term Care Insurance Company is a wholly owned subsidiary of Reporting Person.

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### Remarks:

Filed pursuant to Section 30(h) of the Investment Company Act of 1940. The referenced securities which the Reporting Person is informed represent, in the aggregate, in excess of 10% of the senior

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

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