Kayne Anderson MLP Investment CO Form 4

May 03, 2012

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

of

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response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * LINCOLN NATIONAL LIFE

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

INSURANCE CO/IN/

Kayne Anderson MLP Investment CO [KYN]

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

4. If Amendment, Date Original

_X__ 10% Owner Director _ Other (specify Officer (give title below)

1300 SOUTH CLINTON STREET

(Street)

05/03/2012

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

FORT WAYNE, IN 46802

| (City) | (State) | Zip) Table | e I - Non-D | erivative | Secur | ities Acquir | ed, Disposed of, | or Beneficiall | y Owned |
|--|---|---|--|-----------|------------------------|------------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | | sed of 4 and (A) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| 2.91% Series Y Senior | 05/03/2012 | | Code V | Amount 20 | or (D) | Price \$ 250,000 | (Instr. 3 and 4) \$ 5,000,000 | D | |
| Unsecured Notes 3.39% | | | | | | , | | | |
| Series Z Senior Unsecured Notes | 05/03/2012 | | P | 32 | A | \$ 250,000 | \$ 8,000,000 | D | |
| 3.77% Series BB | 05/03/2012 | | P | 4 | A | \$ 250,000 | \$ 1,000,000 | D | |

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Senior

Unsecured

Notes

3.95%

Series CC

Senior 05/03/2012

64 A \$ \$ \$ 250,000 16,000,000

D

(9-02)

9. Nu

Deriv

Secu

Bene Own Follo Repo Trans (Insti

Unsecured **Notes**

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 required to respond unless the form displays a currently valid OMB control

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration Da | | 7. Tit | | 8. Price of Derivative | 9 |
|------------------------|--|--------------------------------------|------------------|------------------|---|--------------------------------|--------------------|--------|--|------------------------|------------------------------|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month Day/Tear) | (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ e | | Under | rlying | Security (Instr. 5) | S H () H H () |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

LINCOLN NATIONAL LIFE INSURANCE CO /IN/ 1300 SOUTH CLINTON STREET FORT WAYNE, IN 46802

X

Signatures

/s/ Nancy A. Smith, Attorney-in-Fact

05/03/2012

**Signature of Reporting Person

Date

Reporting Owners 2

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).

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.