

TORTOISE MLP FUND, INC.
Form 3
September 19, 2011

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

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
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 *

Â METROPOLITAN LIFE
INSURANCE CO/NY

(Last) (First) (Middle)

10 PARK AVENUE,Â P.O. BOX
1902

(Street)

MORRISTOWN,Â NJÂ 07962

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
05/12/2011

3. Issuer Name and Ticker or Trading Symbol
TORTOISE MLP FUND, INC. [NTG]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___X___ 10% Owner
___ Officer ___ Other
(give title below) (specify below)

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

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)
Tortoise MLP Fund, Inc. <u>(1)</u>	\$ 15,000,000	D	Â
Tortoise MLP Fund, Inc. <u>(2)</u>	\$ 2,000,000	D	Â
Tortoise MLP Fund, Inc. <u>(3)</u>	\$ 500,000	D	Â
Tortoise MLP Fund, Inc. <u>(4)</u>	\$ 5,500,000	D	Â
Tortoise MLP Fund, Inc. <u>(5)</u>	\$ 2,500,000	D	Â
Tortoise MLP Fund, Inc. <u>(6)</u>	\$ 500,000	D	Â
Tortoise MLP Fund, Inc. <u>(7)</u>	\$ 2,500,000	D	Â
Tortoise MLP Fund, Inc. <u>(8)</u>	\$ 4,000,000	D	Â

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

SEC 1473 (7-02)

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 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
METROPOLITAN LIFE INSURANCE CO/NY 10 PARK AVENUE P.O. BOX 1902 MORRISTOWN, NJ 07962	Â	Â X	Â	Â

Signatures

/s/ Daniel F. Scudder, Associate General Counsel
09/15/2011

__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) Floating Rate Senior Note, Series F, Due 5/12/2014. See Exh 99-1.
- (2) Floating Rate Senior Note, Series F, Due 5/12/2014. See Exh 99-2.
- (3) Floating Rate Senior Note, Series F, Due 5/12/2014. See Exh 99-3.
- (4) Floating Rate Senior Note, Series F, Due 5/12/2014. See Exh 99-4.
- (5) Floating Rate Senior Note, Series F, Due 5/12/2014. See Exh 99-5.
- (6) Floating Rate Senior Note, Series F, Due 5/12/2014. See Exh 99-6.
- (7) Floating Rate Senior Note, Series F, Due 5/12/2014. See Exh 99-7.
- (8) 4.35% Senior Note, Series G, Due 5/12/2018. See Exh 99-8.

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.