Edgar Filing: Kayne Anderson MLP Investment CO - Form 3

Kayne Anderson MLP Investment CO Form 3

September 23, 2011

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per response...

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * METROPOLITAN LIFE INSURANCE CO/NY			2. Date of Event Requiring Statement (Month/Day/Year) 05/26/2011		3. Issuer Name and Ticker or Trading Symbol Kayne Anderson MLP Investment CO [KYN]			
(Last)	(First)	(Middle)			4. Relationshi Person(s) to I	ip of Reporting		5. If Amendment, Date Origina Filed(Month/Day/Year)
10 PARK AVENUE, P.O. BOX 1902					(Check all applicable)			Thed (Monday Teal)
MORRISTOW	Street) VN, NJÂ	07962			Director Officer (give title below	Other	•	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) ((State)	(Zip)	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. Nat Owne (Instr.	*	
Kayne Anderson MLP Investment Company (1)				\$ 40,000,000		D	Â	
Kayne Anderson MLP Investment Company				\$ 3,000,000		D	Â	
Kayne Anderson MLP Investment Company (3)				\$ 3,000,000		D	Â	
Reminder: Report owned directly or i		te line for ea	ch class of sec	urities benefici	ally S	EC 1473 (7-02)	
	Person informa	ation conta	oond to the d ined in this ind unless th	form are not	ays a			

currently valid OMB control number.

Edgar Filing: Kayne Anderson MLP Investment CO - Form 3

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

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

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

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

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 Series U Senior Unsecured Note Due 5/26/2016. See Exh 99-1.
- (2) 4.38% Series W Senior Unsecured Note Due 5/26/2018. See Exh 99-2.
- (3) 4.38% Series W Senior Unsecured Note Due 5/26/2018. See Exh 99-3.

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.

Reporting Owners 2