Edgar Filing: FIRST TRUST SENIOR FLOATING RATE INCOME FUND II - Form 4

FIRST TRUST SENIOR FLOATING RATE INCOME FUND II

Form 4 June 18, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

0.5

January 31, Expires:

2005 Estimated average

OMB APPROVAL

burden hours per 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 *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

LYNCH COLEEN D

Symbol

FIRST TRUST SENIOR FLOATING RATE INCOME FUND

(Check all applicable)

II [FCT]

(Last) (First) 3. Date of Earliest Transaction

Director X_ Officer (give title below)

10% Owner Other (specify

(Middle)

(Month/Day/Year) 06/09/2014

Assistant Vice President

FIRST TRUST ADVISORS L.P., 120 EAST LIBERTY DRIVE,

(Street)

SUITE 400

4. If Amendment, Date Original

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

(Instr. 4)

WHEATON, IL 60187

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

any

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Code V Amount (D)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Indirect Form: Direct (D) or Indirect Beneficial Ownership

(Instr. 4)

(A) or

Price

Reported Transaction(s) (Instr. 3 and 4)

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 (9-02)required to respond unless the form displays a currently valid OMB control number.

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

Edgar Filing: FIRST TRUST SENIOR FLOATING RATE INCOME FUND II - Form 4

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title a | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|------------------|--|-------------------------------|--------------------|-----------------------------------|-----------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (World) Day, Tear) | any (Month/Day/Year) | Code (Instr. 8) | of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Underly Securitie (Instr. 3 | ing es | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | umber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|--------------------------------|-------|--|--|
| coposing of the rame, reaction | Director | 10% Owner | Officer | Other | | |
| LYNCH COLEEN D FIRST TRUST ADVISORS L.P. 120 EAST LIBERTY DRIVE, SUITE 400 WHEATON, IL 60187 | | | Assistant Vice President | | | |

Signatures

/s/ Coleen D.
Lynch

**Signature of Reporting Person

O6/18/2014

Date

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).

Remarks:

Individual's position reclassified and is not a Section 16 officer.

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