CENTER COAST MLP & INFRASTRUCTURE FUND Form 3 October 01, 2013 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

## 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 A Person <u>*</u> Hollowel	-	orting	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol CENTER COAST MLP & INFRASTRUCTURE FUND [CEN]				
(Last)	(First)	(Middle)	09/25/2013		4. Relationship of Reporting Person(s) to Issuer				endment, Date Original hth/Day/Year)
1100 LOUIS STREET,Â		5			(Check	all applicable)	)	1100(1110	
HOUSTON	(Street) TX 770	002			Director X Officer (give title below So	Other		Filing(Cho _X_ Form Person	lual or Joint/Group eck Applicable Line) filed by One Reporting filed by More than One Person
(City)	(State)	(Zip)	Tab	ble I - N	on-Derivati	ive Securiti	ies Be	neficially	y Owned
1.Title of Secur (Instr. 4)	rity		Ben	Amount of heficially C htr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	ership	irect Beneficial
Reminder: Repowned directly		te line for ea	ch class of securities	s beneficia	ully SI	EC 1473 (7-02	2)		
	inform require	ation conta ed to respo	oond to the collec ined in this form nd unless the for //B control numbe	are not m displa	ys a				
Т	able II - Der	ivative Secu	ities Beneficially O	Owned (e.g	g., puts, calls,	warrants, op	tions, c	onvertible	e securities)
1. Title of Deri (Instr. 4)	vative Securit	Expir	te Exercisable and ration Date Day/Year)	Securitie	nd Amount of s Underlying ve Security	4. Conversi or Exerci		wnership orm of	6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4)

Expiration Title

Date

Date

Exercisable

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Addres	5 <b>5</b>	Relationships						
1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		10% Owner	Officer	Other				
Hollowell Rachel 1100 LOUISIANA STREET SUITE 5025 HOUSTON, TX 77002	Â	Â	Secretary	Â				
Signatures								
/s/ Rachel 10 Hollowell	)/01/2013							
<u>**</u> Signature of Reporting Person	Date							

## **Explanation of Responses:**

## No securities are beneficially owned

- \* 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).

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.