

NEUBERGER BERMAN REAL ESTATE SECURITIES INCOME FUND INC
 Form 3
 September 27, 2012

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

OMB APPROVAL

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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 * Sun Life Assurance CO of Canada (Last) (First) (Middle) 1 SUN LIFE EXECUTIVE PARK, SC 1303 (Street) WELLESLEY HILLS, MA 02481 (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 09/26/2012 | 3. Issuer Name and Ticker or Trading Symbol NEUBERGER BERMAN REAL ESTATE SECURITIES INCOME FUND INC [NRO] | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) | 5. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> 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) |
|---|--|---|--|
| 4.00% Mandatory Redeemable Preferred Shares due 9/14/2017 | 160 | D | ^ |
| 4.00% Mandatory Reedemable Preferred Shares due 9/14/2017 | 160 | I | Sun Life Financial Inc. owns all of the outstanding ⁽¹⁾ |

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

SEC 1473 (7-02)

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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 |
| Sun Life Assurance CO of Canada 1 SUN LIFE EXECUTIVE PARK SC 1303 WELLESLEY HILLS, MA 02481 | ^ | ^ X | ^ | ^ |
| SUN LIFE FINANCIAL INC 150 KING STREET WEST SUITE 1400 TORONTO, A6 M5H 1J9 | ^ | ^ X | ^ | ^ |

Signatures

| | |
|--|------------|
| /s/ John T. Donnelly, Senior Managing Director, Investment Strategic Research and Initiatives on behalf of Sun Life Assurance Company of Canada | 09/27/2012 |
| __Signature of Reporting Person | Date |
| /s/ Ann C. King, AVP and Senior Counsel on behalf of Sun Life Assurance Company of Canada | 09/27/2012 |
| __Signature of Reporting Person | Date |
| /s/ Stephen Peacher, Authorized Signer on behalf of Sun Life Financial Inc. | 09/27/2012 |
| __Signature of Reporting Person | Date |
| /s/ Angelo Manioudakis, Authorized Signer on behalf of Sun Life Financial Inc. | 09/27/2012 |
| __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) common stock of Sun Life Assurance Company of Canada, which owns the securities indicated.

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.