TORTOISE MLP FUND, INC.

Form 4

November 18, 2013

Senior Notes Series D Due

FORM	1								OMB A	APPROV	AL	
1 Onivi	4 UNITED S	TATES			ND EXCHA D.C. 20549	NGE	COMMIS	٥.	ИВ ımber:	3235	-0287	
Check this box if no longer subject to Section 16. Form 4 or Section 16. SECURITII						NEFICIAL OWNERSHIP OF				Expires: Januar Expires: Estimated average burden hours per response		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	ue. Section 17(a)	of the	Public Util	ity Holdi		y Act						
(Print or Type Re	sponses)											
1. Name and Address of Reporting Person * SUN LIFE INSURANCE & ANNUITY CO OF NEW YORK			2. Issuer Name and Ticker or Trading Symbol TORTOISE MLP FUND, INC. [NTG]				5. Relation Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(Last) (First) (Middle) 3. Date of E (Month/Day DE GRAND CENTRAL 07/31/201 ACE, 60 EAST 42ND STREET,				nsaction		Director 10% Owner Officer (give titleX_ Other (specify below) Former 10% owner					
(Street) 4. If Amend Filed(Month.					e Original	Applicable Form fi	5. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X_ Form filed by More than One Reporting					
NEW YORK,		 .					Person	ned by Wore	man One	Reporting		
(City)		Zip)					cquired, Disp					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execut any		3. Transactic Code (Instr. 8)	4. Securities on Disposed of (Instr. 3, 4 an	(D)	ed (A) or	5. Amount Securities Beneficiall Owned Following Reported Transaction (Instr. 3 an	y For Or	wnership orm: irect (D) Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
\$12,000,000 4.29% Senior Notes Series D Due Dec. 15, 2020	07/31/2013			S	1,000,000	` ,	\$ 1,079,960	0	D			
\$12,000,000 4.29%	07/31/2013			S	1,000,000	D	\$ 0	0	I		See footnote	

<u>(1)</u>

Dec. 15, 2020

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	e Date	o	Number		
				C 1 V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

SUN LIFE INSURANCE & ANNUITY CO OF NEW

YORK

ONE GRAND CENTRAL PLACE 60 EAST 42ND STREET, SUITE 3100

NEW YORK, NY 10165

Sun Life Assurance Co of Canada (U.S.) ONE SUN LIFE EXECUTIVE PARK, SC 2335

WELLESLEY HILLS, MA 02481

Former indirect 10%

11/18/2013

Former 10% owner

owner

Signatures

/s/ Maura A. Murphy, Authorized Signer, Sun Life Assurance Company of Canada (U.S.) 11/18/2013

> **Signature of Reporting Person Date

/s/ Maura A. Murphy, Authorized Signer, Sun Life Insurance and Annuity Company of New York

**Signature of Reporting Person Date

Reporting Owners 2

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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).
- (1) Sun Life Assurance Company of Canada (U.S.) owns 100% of the common stock of Sun Life Insurance and Annuity Company of New York.

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.