Edgar Filing: MALVEY KENNETH P - Form 4

| MALVEY KI | ENNETH P | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|-------|-----------------------------------------------------------------------|-----|------------------------------------------------------|-----------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|--|
| Form 4 | | | | | | | | | | | | |
| July 31, 2012 | | | | | | | | | | | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | 3235-0287 | | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | Filed purson Filed purson s Section 17(a) | TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: Estimated a burden hou response | 2005 ted average hours per | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| MALVEY KENNETH P Symbol TORTO | | | | Name and Ticker or Trading ISE ENERGY ENDENCE FUND, INC. | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 11550 ASH S | (First) (Mi STREET, SUITE | First) (Middle) 3. Date of Ea (Month/Day/ | | | | nsaction | | | Director 10% Owner X_ Officer (give title Other (specify below) below) Senior VP and Treasurer | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| LEAWOOD, | KS 66211 | | | | | | | | Person | Aore than One Re | eporting | |
| (City) | (State) (Z | Zip) | Table | I - Non | -De | rivative S | ecurit | ties Ac | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | Code (Instr. | 8) | 4. Securit nAcquired Disposed (Instr. 3, 4) | (A) of (D |) | Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Shares | 07/31/2012 | | | Р | | 1,000 | А | \$ 25 | 1,000 | D | | |

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

Persons who respond to the collection of information contained in this form are not 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)

| De Se | Title of erivative ecurity nstr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|----------|----------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Add | ress | | Relationships | | | | |
|------------------------------------------------------------------------|------------|-----------|-------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| MALVEY KENNETH P 11550 ASH STREET SUITE 300 LEAWOOD, KS 66211 | | | Senior VP and Treasurer | | | | |
| Signatures | | | | | | | |
| Kenneth P. Malvey | 07/31/2012 | | | | | | |
| <u>**</u> Signature of Reporting Person | 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).

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.