

DNP SELECT INCOME FUND INC
 Form 3
 October 07, 2016

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Voya Financial, Inc.		(Month/Day/Year)	DNP SELECT INCOME FUND INC [DNP]	
(Last)	(First)	(Middle)	09/30/2016	
230 PARK AVENUE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
NEW YORK, NY 10169			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input type="checkbox"/> Officer <input type="checkbox"/> Other	<input type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<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)
Series A Mandatorily Redeemable Preferred Stock	200	I (1)	By Subsidiary
Series C Mandatorily Redeemable Preferred Stock	380	I (1)	By Subsidiary
Series D Mandatorily Redeemable Preferred Stock	100	I (1)	By Subsidiary

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)

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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
Voya Financial, Inc. 230 PARK AVENUE NEW YORK, NY 10169	Â	Â X	Â	Â
Voya Holdings, Inc. ONE ORANGE WAY WINDSOR, CT 06095	Â	Â X	Â	Â
VOYA RETIREMENT INSURANCE & ANNUITY Co ONE ORANGE WAY WINDSOR, CT 06095	Â	Â X	Â	Â

Signatures

/s/ Jean Weng, SVP & Corporate Secretary, Voya Financial, Inc.	10/07/2016
__Signature of Reporting Person	Date
/s/ Jean Weng, SVP & Assistant Secretary, Voya Holdings Inc.	10/07/2016
__Signature of Reporting Person	Date
/s/ Jean Weng, SVP & Assistant Secretary, Voya Retirement Insurance and Annuity Company	10/07/2016
__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) The securities reported herein are directly beneficially owned by Voya Retirement Insurance and Annuity Company, Voya Insurance and Annuity Company, ReliaStar Life Insurance Company and Security Life of Denver Insurance Company, each a direct or indirect subsidiary of Voya Financial, Inc. and/or Voya Holdings Inc. Voya Holdings Inc. is a direct subsidiary of Voya Financial, Inc. Voya Financial, Inc. is the indirect beneficial owner of the securities reported herein.

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.