White Todd Form 3

FORM			ED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549				OMB AF OMB Number: Expires:	2235-0104 January 31,		
				SECURI	ΓIES				Estimated a	2005 average
	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						burden hou response	•		
(Print or Type R	(esponses)									
1. Name and Address of Reporting Person <u>*</u> White Todd			 Date of Event Requiring Statement (Month/Day/Year) 		3. Issuer Name and Ticker or Trading Symbol TRI-CONTINENTAL CORP [TY]					
(Last)	(First)	(Middle)	05/01/201	0	4. Relationsh Person(s) to l	ip of Reporting			.mendment, D Month/Day/Yea	e
10230 AMERIPRISE FINANCIAL CENTER, H17/10230				(Check all applicable)					,	
	(Street)OfficerX_ Other (give title below) (specify below) Manging Dir of Issuer's IA			Filing	5. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting					
MINNEAPO	DLIS, M	INÂ 55474						Fo	rm filed by Mor ing Person	re than One
(City)	(State)	(Zip)		Table I - N	Non-Derivat	tive Securit	ies Ben	neficia	ally Owned	1
1.Title of Secur (Instr. 4)	rity			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr. :	ship	indirect Benef	īcial
Tri-Continer	ntal Corpo	oration com	non stock	0		D	Â			
Reminder: Repo			ach class of sec	urities benefici	ially S	EC 1473 (7-02	2)			
	infor requ	mation cont ired to respo	pond to the o ained in this ond unless th MB control n	form are not le form displa						
Т	able II - D	erivative Secu	rities Benefici	ally Owned (e.	g., puts, calls,	, warrants, op	tions, co	nverti	ble securities	;)
						C A	_			

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Date	Expiration	Title	Amount or	Security	Direct (D)	
Exercisable	Date		Number of		or Indirect	
			Shares		(I)	
					(Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
White Todd 10230 AMERIPRISE FINANCIAL CENTER H17/10230 MINNEAPOLIS, MN 55474	Â	Â	Â	Manging Dir of Issuer's IA		
Signatures						
Joseph D'Alessandro, Power of Attorney 01	/18/2013					
**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).

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.