Edgar Filing: NUVEEN NEW YORK DIVIDEND ADVANTAGE MUNICIPAL FUND - Form 4

NUVEEN NEW YORK DIVIDEND ADVANTAGE MUNICIPAL FUND

Form 4

January 20, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Number:

burden hours per

Expires:

Washington, D.C. 20549

3235-0287

OMB APPROVAL

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, 2005 Estimated average

Ownership

Subsidiary

(Instr. 4)

By

Direct (D)

or Indirect

(Instr. 4)

I

Form 5 obligations may continue.

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

response... 0.5

See Instruction

1(b).

Auction

(Print or Type Responses)

1. Name and Address of Reporting Person * CITIGROUP INC			2. Issuer Name and Ticker or Trading Symbol NUVEEN NEW YORK DIVIDEND ADVANTAGE MUNICIPAL FUND [NAN]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last)	(First)		3. Date of Earliest Transaction (Month/Day/Year)			belo	Officer (give ti	tle Other	er (specify	
399 PARK AVENUE			01/06/2011							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check				
						Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK, NY 10043						Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative Securities Acq	quired	d, Disposed of,	or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	l	3.	4. Securities Acquired (A)	or 5	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		ate, if		orDisposed of (D)		Securities	Ownership	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	ı	Beneficially	Form:	Beneficial	

(Instr. 8)

Code V Amount

Rate 01/06/2011 S 130 D 0 25,001.03 Preferred

(Month/Day/Year)

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 (9-02)required to respond unless the form displays a currently valid OMB control number.

Owned

Following

Transaction(s)

(Instr. 3 and 4)

Reported

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

(A)

or

(D)

Price

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	Amount Underly Securiti	T. Title and Amount of Underlying Securities Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CITIGROUP INC							
399 PARK AVENUE		X					
NEW YORK, NY 10043							

Signatures

Citigroup Inc., By: /s/ Ali L. Karshan, Assistant
Secretary

**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).

The Auction Preferred Shares ("Shares") reported in Table I represent Shares beneficially owned by Citigroup Global Markets Inc.

(1) ("CGMI"). Citigroup Financial Products Inc. ("CFP") is the sole stockholder of CGMI. Citigroup Global Markets Holdings Inc. ("CGMH") is the sole stockholder of CFP. Citigroup Inc. is the sole stockholder of CGMH.

Remarks:

The Shares reported herein represent the Reporting Person's combined holdings in multiple series of auction preferred securities. 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.

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