#### Edgar Filing: LIBERTY ALL STAR EQUITY FUND - Form 3

LIBERTY ALL STAR EQUITY FUND Form 3 June 15, 2016 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### 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 A<br>Person <u>*</u><br>Rohn Rol  |            | U              | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol<br>LIBERTY ALL STAR EQUITY FUND [xusax] |  |  |  |  |  |
|---|------------|----------------|---|---|--|--|--|--|--|
| (Last)  | (First)    | (Middle)       | 06/06/2016  | 4. Relationship of Reporting Person(s) to Issuer                                    |  | 5. If Amendment, Date Original Filed(Month/Day/Year) |  |  |  |
| 301 TRESSI<br>1310  | ER BLVD, Â | <b>Â SUITE</b> |   | (Check all applicable)  |  |  |  |  |  |
| (Street)<br>STAMFORD, CT 06901  |            |                |   | .e  |  |  | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_Form filed by One Reporting<br>Person<br>Form filed by More than One |  |  |
| (City)  | (State)    | (Zip)          | Table I - N   | Reporting Person Table I - Non-Derivative Securities Beneficially Owned             |  |  |  |  |  |
| 1.Title of Secur<br>(Instr. 4)  | ity        |                | 2. Amount o<br>Beneficially<br>(Instr. 4)                   |   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr.                            | 1  |  |  |
| Reminder: Repo  | -          | te line for ea | ch class of securities benefic                              | ially S   | EC 1473 (7-02)   | )  |  |  |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number. |            |                |   |   |  |  |  |  |  |
| Table II. Derivative Securities Reneficially Owned ( $\rho q$ , puts calls warrants options convertible securities)   |            |                |   |   |  |  |  |  |  |

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Just 4) |                                  | 4.<br>Conversion<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form of                                  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|----------------------------------|---|---|---|
|   | Date<br>Exercisable  | Expiration<br>Date | (Instr. 4)<br>Title  | Amount or<br>Number of<br>Shares | Derivative<br>Security                      | Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I) |   |

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(Instr. 5)

# **Reporting Owners**

| <b>Reporting Owner Name / Add</b>   | ress       | Relationships |         |             |  |  |  |
|---|------------|---------------|---------|-------------|--|--|--|
|   |            | 10% Owner     | Officer | Other       |  |  |  |
| Rohn Robert Lawrence<br>301 TRESSER BLVD<br>SUITE 1310<br>STAMFORD, CT 0690 | Â          | Â             | Â       | sub adviser |  |  |  |
| Signatures  |            |               |         |             |  |  |  |
| Robert Rohn   | 06/15/2016 |               |         |             |  |  |  |
| <pre>**Signature of Reporting Person</pre>                                  | Date       |               |         |             |  |  |  |

## **Explanation of Responses:**

### No securities are beneficially owned

\* 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.