

NEUBERGER BERMAN CALIFORNIA INTERMEDIATE MUNICIPAL FUND INC
 Form 3
 August 06, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 * AMATO JOSEPH V (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 07/27/2007	3. Issuer Name and Ticker or Trading Symbol NEUBERGER BERMAN CALIFORNIA INTERMEDIATE MUNICIPAL FUND INC [NBW]	4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date Original Filed(Month/Day/Year)
----------------------------------------------------------------------------------------	------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

C/O NEUBERGER
 BERMAN, 605 THIRD
 AVENUE

(Street)

NEW YORK, NY 10158-3698

(City) (State) (Zip)

(Check all applicable)
 Director 10% Owner
 Officer Other
 (give title below) (specify below)
 Dir. of Issuer's Inv Adviser

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 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)
Common Stock	0	D (1)	

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
-----------------------------------------------	-------------------------------------------------------------	--------------------------------------------------------------------------------	------------------------------------	---------------------------------	----------------------------------------------------------

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

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
AMATO JOSEPH V C/O NEUBERGER BERMAN 605 THIRD AVENUE NEW YORK, NY 10158-3698	Â	Â	Â	Dir. of Issuer's Inv Adviser

Signatures

/s/ Joseph V. Amato by his Attorney-in-Fact Jennifer R.
Gonzalez

08/06/2007

__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 Reporting Person does not own any of the Issuer's securities and is filing this report solely in his capacity as an Exec. Officer and/or Director of Issuer's Inv. Adviser and certain of its affiliates.

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.