Edgar Filing: MINNESOTA MUNICIPAL INCOME PORTFOLIO INC - Form 4

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Form 4 May 12, 2014	A MUNICIPAL 4	INCOM	E PORTF	OLIO IN	С						
FORM	4								-	APPROVAL	
Washington, D.C.								N OMB Number:	3235-0287		
Check thi if no long subject to Section 10 Form 4 or	er STATEN 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated burden ho response.	Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligatior may conti <i>See</i> Instru 1(b).	s Section 17	(a) of the	suant to Section 16(a) of the Securities Exchange Act of 1934, a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> UBS AG			2. Issuer Name and Ticker or Trading Symbol MINNESOTA MUNICIPAL INCOME PORTFOLIO INC [MXA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle)	(V)(V)(U)(U)/(DaV/(CaU)) =				/e title 10% Owner Other (specify below)				
BAHNHOFS CH-8021.	STRASSE 45, P	O BOX	05/09/20	014				below) For	mer 10% Own	er	
	(Street)	Filed(Month/Day/Year) Applicable _X_ Form					Applicable Line) _X_ Form filed by	al or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting			
ZURICH, V	8							Person	whole than one i	ceporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Ac	equired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution Execution any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Auction Preferred Stock (3)	05/09/2014			Code V	Amount	(D) D	Price (2)	0	I	By subsidiary	
Reminder: Repo	ort on a separate line	e for each c	lass of secu	rities benefi	cially own	ed dir	ectly or	indirectly.			

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 2. 3. Transaction Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 4. 9. Nt Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amount of Derivative Deriv Security or Exercise any Code of (Month/Day/Year) Underlying Security Secu Price of (Month/Day/Year) (Instr. 8) (Instr. 5) (Instr. 3) Derivative Securities Bene (Instr. 3 and 4) Derivative Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares

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Reporting Owners

Reporting Owner Name / Addre	ess	Relationships							
	Director	10% Owner	Officer	Other					
UBS AG BAHNHOFSTRASSE 45 PO BOX CH-8021. ZURICH, V8				Former 10% Owner					
Signatures									
/s/ Anthony DeFilippis	05/12/2014								
**Signature of Reporting Person	Date								
/s/ William Chandler	05/12/2014								
**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).

This Statement is filed jointly by UBS AG for the benefit and on behalf of UBS Securities LLC and UBS Financial Services Inc., two wholly owned subsidiaries of UBS AG to which UBS AG has delegated portions of its performance obligations with respect to the Auction Rate Securities Rights issued by UBS AG to certain clients and pursuant to which the securities reported herein have been purchased from such clients.

(2) At Par

(3) (Cusip Nos. 604062208, 604062307)

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.