

DNP SELECT INCOME FUND INC

Form 3

February 27, 2017

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESFiled 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 *

Â METROPOLITAN LIFE
INSURANCE CO/NY

(Last) (First) (Middle)

ONE METLIFE WAY

(Street)

WHIPPANY,Â NJÂ 07981

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
02/19/20143. Issuer Name **and** Ticker or Trading Symbol
DNP SELECT INCOME FUND INC [DNP]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director ____X__ 10% Owner
____ Officer ____ Other
(give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
X 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)

DNP Select Income Fund Inc. (Exh 99-1)	\$ 10,000,000	D	Â
DNP Select Income Fund Inc. (Exh 99-2)	\$ 17,000,000	D	Â
DNP Select Income Fund Inc. (Exh 99-3)	\$ 20,000,000	D	Â
DNP Select Income Fund Inc. (Exh 99-4)	\$ 9,000,000	D	Â
DNP Select Income Fund Inc. (Exh 99-5)	\$ 29,000,000	D	Â

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

SEC 1473 (7-02)

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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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
METROPOLITAN LIFE INSURANCE CO/NY ONE METLIFE WAY WHIPPANY, NJ 07981	^	^ X	^	^

Signatures

Metropolitan Life Insurance Company/NY, /s/ Daniel F. Scudder, Associate General Counsel

02/27/2017

__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.

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