| FOXBY COR Form 3 July 18, 2011 | P. | | | | | | | | | |
|--|---------------------------------|-----------------|---|--|---|---|--|--------------------------|--|--|
| FORM | | | | | | IMISSION | | OMB APPROVAL | | |
| | 5 | | Washington, | | OMB Number: | 3235-0104 | | | | |
| | INITIAL STATEMENT OF BENEFICIAL | | | | | IIP OF | Expires: | January 31, 2005 | | |
| | | | SECUR | ITIES | | | Estimated a | verage | | |
| 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 | | | | | | | | s per 0.5 | | |
| (Print or Type Re | sponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> MIDAS MANAGEMENT CORP | | | 2. Date of Event Requiring Statement3. Issuer Name and Ticker or Trading Symbol FOXBY CORP. [FXBY](Month/Day/Year)7/15/2002 | | | | | | | |
| (Last) | (First) | (Middle) | | | | Amendment, Date Original d(Month/Day/Year) | | | | |
| 11 HANOVE | R SQUAF | RE | | | | | `` ` | Í | | |
| | (Street) | | | (Check | | | | ndividual or Joint/Group | | |
| NEW YORK, NY 10005 | | | | OfficerXOtherX (give title below) (specify below) Per See "Explanation of Responses" | | | ng(Check Applicable Line) Form filed by One Reporting on Form filed by More than One orting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 4) | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | | 3.4. Nature ofOwnershipOwnershipForm:(Instr. 5)Direct (D)or Indirect(I)(Instr. 5) | | Indirect Beneficial | | | |
| Reminder: Repor owned directly or | | ate line for ea | ach class of securities benefi | icially | SEC 1473 (7-02 | 2) | | | | |

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 | | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) | |

(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|--------------------------------|--|--|
| FB | Director | 10% Owner | Officer | Other | | |
| MIDAS MANAGEMENT CORP 11 HANOVER SQUARE NEW YORK, NY 10005 | Â | Â | Â | See "Explanation of Responses" | | |
| Signatures | | | | | | |
| John F. Ramirez, Chief Compliance Officer | 07/18/2011 | | | | | |
| **Signature of Reporting Person | Date | | | | | |
| Explanation of Posponsos | | | | | | |

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).

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Remarks:

The Reporting Person may be deemed to be an affiliate of the registered investment adviser of the

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.