Hudson Elizabeth H Form 3 November 13, 2009

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and A Person <u>*</u> Hudson I			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Old Mutual/Claymore Long-Short Fund (f.k.a. Analytic Covered Call Plus Fund) [OLA]						
(Last)	(First)	(Middle)	11/13/2009	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
2455 CORP	ORATE W	VEST								
DRIVE										
(Street) LISLE, IL 60532				Director 10% Owner X_ Officer Other (give title below) (specify below) Assistant Secretary			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
						Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - N	Non-Deriva	tive Securiti	es Beneficially Owned				
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	*			
Common St	ock		0		D	Â				
Reminder: Repowned directly			ach class of securities benefic	ially	SEC 1473 (7-02)				
	Perso inforr requi	ons who res nation cont red to respo	spond to the collection of ained in this form are not and unless the form displ MB control number.	t						

 $Table\ II\ -\ Derivative\ Securities\ Beneficially\ Owned\ (\textit{e.g.},\ puts,\ calls,\ warrants,\ options,\ convertible\ securities)$

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title	Derivative	Security:	

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Date Expiration Exercisable Date

Amount or Security Number of Direct (D) or Indirect (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Shares

Director 10% Owner Officer

Other

Hudson Elizabeth H

2455 CORPORATE WEST DRIVE LISLE, ILÂ 60532

Assistant Secretary Â

Signatures

/s/Elizabeth H. Hudson by Kevin M. Robinson per Power of Attorney

11/13/2009

**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. 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.

Reporting Owners 2