Edgar Filing: ClearBridge Energy MLP Opportunity Fund Inc. - Form 3

ClearBridge Energy MLP Opportunity Fund Inc.

Form 3 June 22, 2015

FORM 3

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

OMB APPROVAL

OMB Number:

Expires:

response...

3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

January 31, 2005

0.5

Estimated average burden hours per

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

SECURITIES

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

Date of Event Requiring atement Month/Day/Year) 3/26/2015	2. 155401 1 (411)		or Trading Symbol LP Opportunity Fund Inc. [EMO]
			5. If Amendment, Date Original Filed(Month/Day/Year)
Table I - N	(Check Director Officer (give title below	all applicable) _X10% Other (specify below)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person
2. Amount o	of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
referred 20		I	By Companion Life Insurance Company (1)
referred 50		I	By United of Omaha Life Insurance Company (2)
referred 30		D	Â
nd to the collection of ed in this form are not	t s	EC 1473 (7-02	2)
and dispersion of the control of the	Table I - N 2. Amount of Beneficially (Instr. 4) eferred 20 eferred 30 ass of securities beneficed to the collection of d in this form are not a security and the security of the security of the collection of d in this form are not a security of the collection of	ClearBridg	ClearBridge Energy M ClearBridge Energy M ClearBridge Energy M ClearBridge Energy M A. Relationship of Reporting Person(s) to Issuer (Check all applicable) ——DirectorX 10% ——Officer (give title below) (specify below) Comparison of Securities Beneficially Owned (Instr. 4) ClearBridge Energy M ClearBridge Energy M

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

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1. Title of Derivative Security (Instr. 4)

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

Conversion or Exercise Price of Derivative Security

Ownership Form of (Instr. 5) Derivative

6. Nature of Indirect Beneficial Ownership

Expiration Date Exercisable Date

Amount or Title Number of

Shares

or Indirect (I) (Instr. 5)

Security:

Direct (D)

5.

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Mutual of Omaha Insurance Co Â ÂX Â Â MUTUAL OF OMAHA PLAZA

Signatures

OMAHA, NEÂ 68175

Jan M. Brockman, Assistant Corporate Secretary

06/22/2015

**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) Companion Life Insurance Company is an indirect wholly-owned subsidiary of Mutual of Omaha Insurance Company
- (2) United of Omaha Life Insurance Company is a wholly-owned subsidiary of Mutual of Omaha Insurance Company

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.

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