## Hurtsellers Christine Form 3 March 30, 2011 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Hurtsellers Christine			<ul><li>2. Date of Event Re</li><li>Statement</li><li>(Month/Day/Year)</li></ul>	1 0 5. 155001 Hum	3. Issuer Name and Ticker or Trading Symbol ING PRIME RATE TRUST [PPR]					
(Last)	(First)	(Middle)	04/05/2009		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
230 PARK A	AVENUE									
(Street)				(Check	(Check all applicable)		6. Individual or Joint/Group			
NEW YORK, NY 10169				X Officer (give title below	Director 10% Owner X Officer Other (give title below) (specify below) Executive Vice President		Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-Derivat	ive Securiti	es Beneficia	Beneficially Owned			
1.Title of Secur (Instr. 4)	rity			mount of Securities eficially Owned r. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of In Ownership (Instr. 5)	ndirect Beneficial			
Reminder: Repo owned directly		ate line for ea	ch class of securities	beneficially S	EC 1473 (7-02)	)				
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Т	able II - Der	ivative Secu	rities Beneficially O	wned (e.g., puts, calls,	warrants, opt	ions, convertil	ble securities)			
1. Title of Deri (Instr. 4)	vative Securit	Expi	ate Exercisable and ration Date /Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	f 4. Conversio or Exercis Price of	- · · · · .	(Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

January 31,

2005

0.5

Expires:

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Estimated average burden hours per

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
L O	Director	10% Owner	Officer	Other		
Hurtsellers Christine 230 PARK AVENUE NEW YORK, NY 10169	Â	Â	Executive Vice President	Â		
Signatures						
Michael Gioffre 03/3	30/2011					
<u>**</u> Signature of Reporting Person	Date					

## **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).

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.