Edgar Filing: REAVES UTILITY INCOME FUND - Form 4

REAVES UTILITY INCOME FUND

Form 4

FUND

REAVES

UTILITY

10/30/2015

December 23, 2015

December 2	5, 2015									
FORM	14 UNITED	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL		
CI 1 1		Washington, D.C. 20549							3235-0287	
Check the if no lon	ger	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							January 31, 2005	
subject t	o SIAIEN								verage	
Section 16. SECURITIES Form 4 or								burden hour response	s per 0.5	
Form 5 obligations may continue. See Instruction 1(b). 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								·	0.0	
(Print or Type	Responses)									
	Address of Reporting N RONALD JAM	MES Syn					5. Relationship of Reporting Person(s) to Issuer			
			ND [UTG]	iii nveo		(Check all applicable)				
(Last)	(First) (3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Officer (give titleX Other (specify			
	REAVES & CO. XCHANGE PLA OR	, 08/	31/2015			t	oelow) Officer of I	below) Investment Ad	visor	
	(Street)	4. I	f Amendment, D	ate Original		ϵ	6. Individual or Joi	nt/Group Filin	g(Check	
		File	d(Month/Day/Yea	ar)			Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson	
JERSEY C	ITY, NJ 07302					Ē	Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non-	Derivative S	ecurit	ies Acqui	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			es Acq d of (E and 5) (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
REAVES UTILITY INCOME FUND	08/31/2015		Code V	Amount 63.8797	(D)	Price \$ 27.19	(Instr. 3 and 4) 11,547.4601	D		
REAVES UTILITY INCOME	09/30/2015		J	61.8029	A	\$ 28.26	11,609.263	D		

J

59.0021 A \$ 11,668.2651 D

29.76

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INCOME FUND							
REAVES UTILITY INCOME FUND	11/30/2015	J	65.6315	A	\$ 26.89	11,733.8966	D
REAVES UTILITY INCOME FUND	12/21/2015	P	4,300	A	\$ 23.99	16,033.8966	D

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

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNumber	Expiration Da	ate	Amoun	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative	e		Securit	ies	(Instr. 5)
	Derivative				Securities	S		(Instr. 3	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title Numb		
									of	
				Code '	V (A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SORENSON RONALD JAMES C/O W. H. REAVES & CO., INC. 10 EXCHANGE PLACE, 18TH FLOOR JERSEY CITY, NJ 07302

Officer of Investment Advisor

Signatures

RONALD JAMES SORENSON 12/23/2015

Reporting Owners 2

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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.

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