Prudential Short Duration High Yield Fund, Inc. Form 4 August 18, 2015

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FORM 4 UNITED STATES SECURITIES AND EVO					<b></b>			OMB AF	PROVAL			
Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287				
Check this box if no longer subject to Section 16. Form 4 or				GES IN I SECUR		ICIA	LOW	NERSHIP OF Stimated burden ho response				
Form 5 obligation may conti <i>See</i> Instru 1(b).	s Section 17(	(a) of the I	Public Ut		ling Con	npany	Act of	e Act of 1934, 1935 or Section 0				
(Print or Type R	lesponses)											
Cuana Dahaut			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer				
				ential Short Duration High Yield , Inc. [ISD]				(Check all applicable)				
			of Earliest Transaction /Day/Year) /2015				Director 10% Owner Officer (give title Other (specify below) below) Portfolio Manager					
				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEWARK,	NJ 07102							Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8)	4. Securi n(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	08/17/2015			Code V P	Amount 1,000	or (D)	Price \$ 14.92	Transaction(s) (Instr. 3 and 4) 4,000	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.

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

D S	. Title of Derivative ecurity Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Spano Robert 2 GATEWAY CENTER NEWARK, NJ 07102				Portfolio Manager				
Signatures								
Claudia DiGiacomo as POA fo	r Robert							
Spano		80	8/18/201	5				
<b>**</b> Signature of Reporting Perso	n		Date					
<b>Explanation of Re</b>	spon	ses:						

\* 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.