Hudson Elizabeth H Form 3 November 04, 2009 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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 A Person <u>*</u> Hudson | | | 2. Date of Event Requiring Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol Madison/Claymore Covered Call & Equity Strategy Fund [MCN] | | | | | |
|--|-----------------|------------------------------|--|------------------------|--|---|----------|---|---|--|
| (Last) | (First) | (Middle) | 11/04/2009 | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 2455 CORI DRIVE | PORATE W | /EST | | | (Check all applicable) | | | | | |
| LISLE, II | (Street) | | | | Director 10% Owner X Officer Other (give title below) (specify below) Assistant Secretary | | w) | 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) | Tal | ble I - N | on-Derivati | ive Securitie | es Ben | eficially | y Owned | |
| 1.Title of Security (Instr. 4) | | | 2. Amount of Securitie: Beneficially Owned (Instr. 4) | | | 3.4. Nature of Indirect BeneficialOwnershipOwnershipForm:(Instr. 5)Direct (D)or Indirect(I)(Instr. 5) | | | | |
| Reminder: Re owned directly | | | ch class of securitie | s benefici | ally SI | EC 1473 (7-02) |) | | | |
| | inforr requi | nation conta red to respo | pond to the colle ained in this form and unless the for MB control numb | n are not rm displa | ays a | | | | | |
| | Table II - De | rivative Secu | rities Beneficially (| Owned (e. | g., puts, calls, | warrants, opt | ions, co | nvertible | securities) | |
| 1. Title of Der (Instr. 4) | rivative Securi | Expi | ate Exercisable and ration Date /Day/Year) | Securitie | and Amount of es Underlying ve Security | 4. Conversio or Exercis | | nership m of | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |

(Instr. 4)

Expiration Title

Date

Date

Exercisable

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|-----------|---------------|--------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | | Other | | | | |
| Hudson Elizabeth H 2455 CORPORATE WEST DRIVE LISLE, IL 60532 | Â | Â | Assistant Sec | retary | Â | | | | |
| Signatures | | | | | | | | | |
| /s/Elizabeth H. Hudson by Kevin M. Robinson per Power of Attorney 11/04/ | | | | | | | | | |
| **Signature of Reporting Person | | | | | | | | | |

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.