Small Cap Premium & Dividend Income Fund, Inc.

Form 3

July 26, 2005

FORM 3 UNIT

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

OMB APPROVAL

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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 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol Requiring Statement Small Cap Premium & Dividend Income Fund, Inc. MERRILL LYNCH ASSET (Month/Day/Year) [RCC] **MANAGEMENT INC** 07/26/2005 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O MERRILL LYNCH (Check all applicable) MANAGEMENT. P O BOX 9011 Director 10% Owner _X__ Other (Street) Officer 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) Sub Advisor to Fund _X_ Form filed by One Reporting Person PRINCETON, Â NJÂ 08543-9011 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) (Instr. 5) Form: Direct (D) or Indirect (Instr. 5) Â Common (seed shares) 5,236 D Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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

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(Instr. 4) Price of Derivative Derivative Security: Date **Expiration Title** Amount or Direct (D) Security Exercisable Date Number of or Indirect Shares (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MERRILL LYNCH ASSET MANAGEMENT INC C/O MERRILL LYNCH MANAGEMENT P O BOX 9011 PRINCETON, NJÂ 08543-9011

Â Â Sub Advisor to Fund

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Signatures

Catherine Johnston, Power of Attorney 07/26/2005

**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).

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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