## Edgar Filing: LIBERTY ALL STAR EQUITY FUND - Form 4

## LIBERTY ALL STAR EQUITY FUND

Form 4

December 08, 2011

<b>FORM</b>	OMB APPROVAL								
1 01111	OMB Number:	3235-0287							
Check thi if no long	or		Washington, D.C. 20549	Expires:	January 31, 2005				
subject to Section 1		TEMENT O	F CHANGES IN BENEFICIAL OW SECURITIES	Estimated average burden hours per					
Form 4 or Form 5		response	0.5						
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								
may continue.  See Instruction  30(h) of the Investment Company Act of 1940									
1(b).									
(Print or Type R	Responses)								
1. Name and Address of Reporting Person * DST SYSTEMS INC			Issuer Name <b>and</b> Ticker or Trading  Symbol	Reporting Person(s) to					
			LIBERTY ALL STAR EQUITY FUND [USA]	(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	Director	10% itleX Oth	Owner er (specify			
333 WEST 11TH STREET, 5TH FL			(Month/Day/Year) 12/06/2011	below)  Affiliate of	•				
	(Street)		4. If Amendment, Date Original	6. Individual or Joi	nt/Group Filir	g(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson			
KANSAS CITY, MO 64105-1594				Form filed by M Person	porting				
(61.)	(0	(							

			i cison								
(City)	(State)	(Zip) Tab	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactic Code (Instr. 8)	(A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Shares of Beneficial Interest	12/06/2011		P	23,443	A	\$ 5.0666	478,441	I	By West Side Investment Management,Inc.		

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)

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### 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	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

**DST SYSTEMS INC** 333 WEST 11TH STREET 5TH FL KANSAS CITY, MO 64105-1594

Affiliate of Investment Adv.

# **Signatures**

/s/ Kenneth Hager, VP, on behalf of DST Systems, Inc.

12/08/2011

\*\*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).
- Shares purchased by DST Systems, Inc. shall be held by West Side Investment Management, Inc., a Nevada corporation and a wholly **(1)** owned subsidiary of DST Systems, Inc.

#### **Remarks:**

ALPS Advisors, Inc. is a subsidiary of ALPS Holdings, Inc., which is a wholly owned subsidiary of DST Systems, Inc.

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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