Kayne Anderson MLP Investment CO Form 4

November 12, 2010

Check this box

if no longer

subject to

Section 16.

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

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading LINCOLN NATIONAL LIFE Issuer Symbol INSURANCE CO/IN/ Kayne Anderson MLP Investment (Check all applicable) CO [KYN] \_X\_\_ 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction Director \_ Other (specify Officer (give title (Month/Day/Year) below) 1300 SOUTH CLINTON STREET 11/09/2010 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting FORT WAYNE, IN 46802 Person

(City)	(State) (Z	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or etionDisposed of (D) (Instr. 3, 4 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)	
Series C Mandatory Redeemable Preferred Stock	11/09/2010		Code V	Amount 160,000	(D)	Price	(Instr. 3 and 4) 760,000	D		
4.40% Series S Senior Unsecured Notes	11/09/2010		P	20	A	\$ 500,000	\$ 10,000,000	D		
4.40% Series S Unsecured Notes	11/09/2010		P	10	A	\$ 500,000	\$ 5,000,000	I	Through Lincoln Life &	

Annuity company of New York

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title ar		8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	ng	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	3	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr. 3 a	nd 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δn	nount		
								or	iiouiit		
						Date	Expiration		ımber		
						Exercisable	Date	of			
				Code V	(A) (D)				ares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
LINCOLN NATIONAL LIFE INSURANCE CO /IN/ 1300 SOUTH CLINTON STREET FORT WAYNE, IN 46802		X				

### **Signatures**

/s/ Charles A. Brawley, III, Secretary, The Lincoln National Life Insurance 11/12/2010 Company

Date

\*\*Signature of Reporting Person

## **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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