

TORTOISE MLP FUND, INC.
Form 3
August 06, 2010

FORM 3 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 Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| Â MARINER HOLDINGS, LLC | | (Month/Day/Year) | TORTOISE MLP FUND, INC. [NTG] | |
| (Last) | (First) | (Middle) | 07/30/2010 | |
| 4200 W. 115TH STREET, SUITE 100 | | 4. Relationship of Reporting Person(s) to Issuer | | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) | | (Check all applicable) | | |
| LEAWOOD,Â KSÂ 66211 | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) Affiliate of Inv Advisor | | 6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|
| Common Shares | 0 | D | Â |

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)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|-----------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
|-----------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|

| | | | |
|-------------|------------|-----------|-------------|
| Date | Expiration | Amount or | or Indirect |
| Exercisable | Date | Number of | (I) |
| | | Shares | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|-------------------------------------------------------------------------------------------------|---------------|-----------|---------|--------------------------|
| | Director | 10% Owner | Officer | Other |
| MARINER HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| LABEL ARTS, LLC PO BOX 727 KEMP, TX 75143 | Â | Â | Â | Affiliate of Inv Advisor |
| WE R, LLC 631 NORTH 400 WEST SALT LAKE CITY, UT 84103 | Â | Â | Â | Affiliate of Inv Advisor |
| BAW INVESTMENTS, LLC 316 EAST 31ST STREET KANSAS CITY, MO 64108 | Â | Â | Â | Affiliate of Inv Advisor |
| BICKNELL PROPERTIES, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| GREAT PLAINS SANTA RITA, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| KCRS PARTNERS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| Bicknell Family Management Company, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| Bicknell Family Holding Co LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211 | Â | Â | Â | Affiliate of Inv Advisor |
| POWER GROUP COMPANY, LLC 12721 METCALF AVE., SUITE 103 OVERLAND PARK, KS 66213 | Â | Â | Â | Affiliate of Inv Advisor |

Signatures

/s/ S. Kirk Lambright, on behalf of BAW Investments, LLC 07/30/2010

__Signature of Reporting Person

Date

/s/ Martin C. Bicknell, on behalf of all other reporting persons 07/30/2010

__Signature of Reporting Person

Date

/s/ S. Kirk Lambright, on behalf of Label Arts, LLC and We R,
LLC

07/30/2010

__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).

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Remarks:

AA form 3 is limited to a maximum of ten reporting persons. As a result, this Form 3 is one

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.