Edgar Filing: NEW AMERICA HIGH INCOME FUND INC - Form 4

NEW AMERICA HIGH INCOME FUND INC

Form 4

September 18, 2015

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

OMB APPROVAL

OMB Number:

3235-0287 January 31, 2005

0.5

Estimated average

Expires:

5. Relationship of Reporting Person(s) to

Issuer

burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

Common

Common

Common

Stock

Stock

Stock

09/17/2015

(Print or Type Responses)

KORMAN BERNARD J

1. Name and Address of Reporting Person *

KORIVIAN DEKIVARD J			I AMERICA HIGH INCOME D INC [HYB]	(Check all applicable)			
OME	GA HEALTHCARE ESTORS INC	(Month	of Earliest Transaction /Day/Year) /2015	_X_ Director 10% Owner Officer (give title below) Other (specify below)			
ANN	(Street) ARBOR, MI 48108		mendment, Date Original Ionth/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(0	City) (State)	(Zip) Ta	able I - Non-Derivative Securities Acq	uired, Disposed of, or Beneficially Owned			
1.Title Securi (Instr.	ty (Month/Day/Yea	ate 2A. Deemed r) Execution Date, if any (Month/Day/Year)	Code (Instr. 3, 4 and 5)	5. Amount of Securities Ownership Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)			
Com	09/16/2015		P 4,100 A \$ 8.0653	54,100 I (1) By Family Investment Partnership			

P

1.600 A

By Family

Investment

Partnership

By Spouse

of

I (1)

D

I

55,700

409,422

121,005

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Reporting Person

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)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5		7. Title ar Amount of Underlyin Securities (Instr. 3 a	int of rlying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KORMAN BERNARD J OMEGA HEALTHCARE INVESTORS INC X ANN ARBOR, MI 48108

Signatures

Bernard J.

Korman 09/18/2015

**Signature of Person Date

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).
- (1) The reporting person disclaims beneficial ownership of the securities indicated, and this report shall not be construed as an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

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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