BANK OF AMERICA CORP /DE/ Form 3 April 28, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

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 Ad Person <u>*</u> Woods Th		porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol BANK OF AMERICA CORP /DE/ [BAC]					
(Last)	(First)	(Middle)	04/27/2016	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
100 NORTH TRYON STREET (Street) CHARLOTTE, NC 28255				(Check all applicable) XDirector10% Ow OfficerOther (give title below) (specify below)		Owner	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Bei	neficially Owned		
1.Title of Secur (Instr. 4)	ity		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•		
Common Sto	ock		3		D	Â			
Reminder: Repo owned directly o			ch class of securities benefici	ially SI	EC 1473 (7-02)			
	inforn requii	ns who resp nation conta red to respo ntly valid OM							
Т	able II - Der	rivative Secur	rities Beneficially Owned (e.	.g., puts, calls,	warrants, opt	ions, co	onvertible 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)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 9	Director	10% Owner	Officer	Other		
Woods Thomas D 100 NORTH TRYON STREET CHARLOTTE, NC 28255	ÂX	Â	Â	Â		
Signatures						
Thomas D. Woods/Natalie A. Hyman POA	04/28/2016					
** Signature of Reporting Person		Da	ite			

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).

Â

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.