Edgar Filing: SOURCE CAPITAL INC /DE/ - Form 3

SOURCE CAPITAL INC /DE/ Form 3 October 02, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

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)

A Lipson Ma	urk L.		(Month/Day/Ye	ear)					
(Last)	(First)	(Middle)	10/01/2015		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
100 WILSHII SUITE 1200	RE BOUL	EVARD,			(Check	all applicable)			
SANTA MONICA, ((Street) CAÂ 9040	1			X Director Officer (give title below	Other		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)	1	Fable I - N	on-Derivati	ive Securiti	es Bei	neficially Owned	
1.Title of Securit (Instr. 4)	ty]	2. Amount of Beneficially ((Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Reminder: Repor owned directly or	-	te line for ea	ich class of secur	ities benefici	ally SI	EC 1473 (7-02))		
	inform require	ation conta ed to respo	pond to the co ained in this fo and unless the MB control nur	orm are not form displa	ays a				
Та	ble II Dom	votivo Scom	nition Donoficial	w Owned (a	a puta colla	wannanta ant	iona a	anvartible geometries)	

Expiration Title

Date

Exercisable Date

(Thin of Type	(csponses)								
1. Name and Address of Reporting Person <u>*</u> Lipson Mark L.			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol SOURCE CAPITAL INC /DE/ [SOR]					
(Last)	(First)	(Middle)	10/01/2015	,	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Origina Filed(Month/Day/Year)		
100 WILSH SUITE 120		LEVARD,			(Check	all applicable)	T neu(ino	ian Duj, i cui)
SANTA MONICA,4	(Street)	101			X Director Officer (give title below	Othe		Filing(Ch _X_ Form Person	lual or Joint/Group eck Applicable Line) filed by One Reporting filed by More than One Person
(City)	(State)	(Zip)	Tal	ble I - N	lon-Derivati	ive Securit	ies Be	1 0	
1.Title of Sect (Instr. 4)	urity		Ben	Amount of neficially str. 4)	f Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	ership	irect Beneficial
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	infor requi	mation contaired to respo	pond to the collec ained in this form ond unless the for MB control numb	are not rm displ					
	Table II - De	erivative Secu	rities Beneficially C	Owned (e.	.g., puts, calls,	warrants, op	tions, c	onvertible	e securities)
1. Title of Der (Instr. 4)	rivative Secur	Expi	ate Exercisable and ration Date //Day/Year)	Securiti	and Amount of es Underlying ive Security	Conversi or Exerci Price of	ise Fo D	wnership orm of erivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		D (г · .·	TT: (1		Derivativ	ve Se	ecurity:	

Direct (D)

or Indirect

(I)

Security

Amount or

Number of

Shares

OMB Number:	3235-0104						
Expires:	January 31, 2005						
Estimated average burden hours per							
response	0.5						

(Instr. 5)

Reporting Owners

Reporting O	Relationships						
		Director	10% Owner	Officer	Other		
Lipson Mark L. 100 WILSHIRE BC SANTA MONICA, Signatures	ÂX	Â	Â	Â			
orginatures							
/s/ Mark L. Lipson	09/29/2015						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

* 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).

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.