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Burgess Fr Form 5 January 31												
FOR	M 5								OMB AP	PROVAL		
	UNITED	STATES			ND EXCHA	NGF	E COM	MISSION	OMB Number:	3235-0362		
	his box if er subject		Washington, D.C. 20549						Expires:	January 31,		
to Section	on 16. or Form AN ttions ntinue. ruction	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated av burden hours response			
Size instructionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported30(h) of the Investment Company Act of 1940TransactionsReported												
1. Name and Burgess F	Address of Reporting rank E		2. Issuer Name and Ticker or Trading Symbol Madison Strategic Sector Premium Fund [MSP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011				X_	X Director 10% Owner X Officer (give title Other (specify below) below)				
	N INVESTMENT GS, INC., 550 S	,						V1C	e President			
	(Street)		4. If Amendment, Date Original6.Filed(Month/Day/Year)				6. Ind	. Individual or Joint/Group Reporting (check applicable line)				
	N, WI 53711							orm Filed by M	ne Reporting Per ore than One Rep			
(City)	(State)	(Zip)	Ta	ble I - Non-De	erivative Secur	ities A	Acquired,	, Disposed of,	or Beneficially	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	Date, if Transaction Code	Transaction Code	4. Securities 2 or Disposed o (Instr. 3, 4 an	of (D)	ed (A)	5. Amount o Securities Beneficially Owned at end of Issuer's Fiscal Year	Ownership	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common stock	12/31/2011 <u>(1)</u>	Â		Р	Amount 1,539.752	(A) or (D) A	Price \$ 10.64	(Instr. 3 and 4) 41,193.85 (2)	D	Â		
Deminde D		o fou ocali al	an of	Doroons	who roopond	to +k-	_	ion of inform	nation	SEC 2270		

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

Persons who respond to the collection of informationSEC 2270contained in this form are not required to respond unless(9-02)the form displays a currently valid OMB control number.(9-02)

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 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D So B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address		Relationships					
1	Director	10% Owner	Officer	Other			
Burgess Frank E MADISON INVESTMENT HOLDINGS, INC. 550 SCIENCE DRIVE MADISON, WI 53711	ÂX	Â	Vice President	Â			
Signatures							
Frank E Burgess by W 01/31/20 Mason POA)11						

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) Shares acquired periodically pursuant to the issuer's publicly disclosed dividend reinvestment program.

Date

(2) Includes 13,090 shares of restricted stock acquired prior to IPO, as well as shares periodically acquired through open market purchases (previously reported on Form 4) and pursuant to the issuer's publicly disclosed dividend reinvestment program.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.