Kayne Anderson MLP Investment CO Form 4

November 12, 2010

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

burden hours per 0.5 response...

Estimated average

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

1(b).

(Print or Type R	esponses)											
1. Name and Address of Reporting Person *LINCOLN NATIONAL LIFE INSURANCE CO /IN/			2. Issuer Name and Ticker or Trading Symbol Kayne Anderson MLP Investment CO [KYN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 1300 SOUTH	(First) (Michael CLINTON STR		3. Date of Earliest Transaction (Month/Day/Year) 11/09/2010					Officer (give title	_X 10% Ov Other (s			
		4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check				
FORT WAY	Filed(Month/Day/Year)					_X_ Fo	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Z	ip)	Table	I - Non-D)er	ivative Secu	ırities A	cquired,	Disposed of, or I	Beneficially (Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution	med on Date, if Day/Year)	3. Transact Code (Instr. 8)	tior	4. Securities Disposed of (Instr. 3, 4 a	(D)	ed (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Natu Indirect Benefic Owners (Instr. 4	

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securitie on Disposed of (Instr. 3, 4	f (D)	uired (A) or	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Series C			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
Mandatory Redeemable Preferred Stock	11/09/2010		P	160,000	A	\$ 25	760,000	D	
4.40% Series S Senior Unsecured Notes	11/09/2010		P	20	A	\$ 500,000	\$ 10,000,000	D	
4.40% Series S Unsecured Notes	11/09/2010		P	10	A	\$ 500,000	\$ 5,000,000	Ι	Through Lincoln Life &

Annuity company of New York

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title ar		8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	ng	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	3	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr. 3 a	nd 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δn	nount		
								or	iiouiit		
						Date	Expiration		ımber		
						Exercisable	Date	of			
				Code V	(A) (D)				ares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
LINCOLN NATIONAL LIFE INSURANCE CO /IN/ 1300 SOUTH CLINTON STREET FORT WAYNE, IN 46802		X				

Signatures

/s/ Charles A. Brawley, III, Secretary, The Lincoln National Life Insurance 11/12/2010 Company

Date

**Signature of 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).

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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