Edgar Filing: Boynton Andrew C - Form 4

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| Form 4 | ilew C | | | | | | | | | | |
|---|--|--|---|-----------|------------------|--|--|---|---|---------------------|--|
| February 04, | 2010 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMMESION | OMB APPROVAL | | |
| | UNITEDS | STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549 | | | | | | 01/11/1155101N | OMB Number: | 3235-0287 | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation | er STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | Expires: January 3 200 Estimated average burden hours per response 0. | | |
| may conti See Instru 1(b). | • | Holding Company Act of 1935 or Section nent Company Act of 1940 | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Boynton Andrew C | | | 2. Issuer Name and Ticker or Trading Symbol Clough Global Allocation Fund [GLV] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | (First) (M ALL 510, 140 VEALTH AVENI | iddle) 3.] (M 02 | - | - | ansaction | | | X Director Officer (give t below) | | Owner r (specify | |
| | (Street) 4. If Amendment, Date Origin Filed(Month/Day/Year) | | | | - | al 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| CHESTNUT | THILL, MA 0246 | 7 | | | | | | Form filed by M Person | ore than One Rep | porting | |
| (City) | (State) (2 | Zip) | Table | I - Non-D | erivative S | ecurit | ies Acqu | iired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | (Month/Day/Year) Execution Date, if | | ate, if | (A) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Shares of Beneficial Interest | 02/03/2010 | 02/03/201 | 0 | Code V | Amount 11,385 | or (D) D | Price \$ 14.85 | (Instr. 3 and 4) 3,408.12 | D | | |

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.

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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) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 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 | | | |
| Boynton Andrew C FULTON HALL 510 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Andrew C. 02/04/20 Boynton | 10 | | | | | | |
| **Signature ofDateReporting 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.