

NEUBERGER BERMAN HIGH YIELD STRATEGIES FUND

Form 3

October 08, 2013

FORM 3UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
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burden hours per
response... 0.5**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 Address of Reporting
Person *Â METROPOLITAN LIFE
INSURANCE CO/NY

(Last) (First) (Middle)

10 PARK AVENUE,Â P.O. BOX
1902

(Street)

MORRISTOWN,Â NJÂ 07962

(City) (State) (Zip)

2. Date of Event Requiring
Statement(Month/Day/Year)
09/18/20133. Issuer Name **and** Ticker or Trading SymbolNEUBERGER BERMAN HIGH YIELD STRATEGIES
FUND [NHS]4. Relationship of Reporting
Person(s) to Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

____ Director ____X__ 10% Owner
____ Officer ____ Other
(give title below) (specify below)6. Individual or Joint/Group
Filing(Check Applicable Line)
X Form filed by One Reporting
Person
____ Form filed by More than One
Reporting Person**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)Neuberger Berman High Yield Strategies
Fund Inc. (1)

\$ 23,954,000

D Â

Neuberger Berman High Yield Strategies
Fund Inc. (2)

\$ 26,432,000

D Â

Neuberger Berman High Yield Strategies
Fund Inc. (3)

\$ 10,738,000

D Â

Neuberger Berman High Yield Strategies
Fund Inc. (4)

\$ 28,876,000

D Â

Neuberger Berman High Yield Strategies
Fund Inc. (5)

1,400

D Â

SEC 1473 (7-02)

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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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10%
Owner Officer Other

METROPOLITAN LIFE INSURANCE CO/NY
10 PARK AVENUE
P.O. BOX 1902
MORRISTOWN, NJ 07962

Â Â X Â Â

Signatures

/s/ Thomas J. Pasuit, Assistant General
Counsel

10/08/2013

**Signature of Reporting Person

Date

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).

(1) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-1.

(2) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-2.

(3) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-3.

(4) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-4.

(5) Series B Mandatory Redeemable Preferred Shares. See Exh 99-5.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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