## Edgar Filing: LOONEY JOEL W - Form 4

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| Form 4  | JEL W        |   |   |   |          |  |   |   |                     |           |  |
|---|--------------|---|---|---|----------|--|---|---|---------------------|-----------|--|
| January 03, 2   | 2007         |   |   |   |          |  |   |   |                     |           |  |
| FORM  | 14           | SECUE   | ітірс а   | ND EVC                                    | TT A NI  | CEC  | OMMISSION   | OMB APPROVAL  |                     |           |  |
|   | UNITE        | DSIAIES   |   |   | D.C. 205 |  | GE U  | OMIMISSION  | OMB<br>Number:      | 3235-0287 |  |
| Check th<br>if no long  |              |   |   |   |          |  |   | Expires:  | January 31,<br>2005 |           |  |
| subject to STATEMENT O<br>Section 16.<br>Form 4 or  |              |   |   | SECUR                                     | ITIES    |  |   | Estimated a<br>burden hour<br>response  | verage              |           |  |
| Form 5<br>obligatio<br>may cont<br><i>See</i> Instru<br>1(b).   | ns Section 1 | 7(a) of the   | Public U  | tility Hold                               |          | pany .   | Act of  | e Act of 1934,<br>1935 or Sectior<br>0  | 1                   |           |  |
| (Print or Type I  | Responses)   |   |   |   |          |  |   |   |                     |           |  |
| 1. Name and Address of Reporting Person <u>*</u><br>LOONEY JOEL W   |              |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>BOULDER TOTAL RETURN<br>FUND INC [BTF] |   |          |  |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |                     |           |  |
| (Last)  | (First)      | (Middle)  | 3. Date of  | of Earliest Transaction<br>/Day/Year)     |          |  |   | X_ Director10% Owner<br>Officer (give titleOther (specify<br>below) below)  |                     |           |  |
|   |              |   |   | nendment, Date Original<br>onth/Day/Year) |          |  |   | <ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul> |                     |           |  |
| (City)  | (State)      | State)       (Zip)       Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |   |          |  |   |   |                     |           |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deer<br>Execution<br>any<br>(Month/I |              | 1   |   |   | of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |                     |           |  |
| C   |              |   |   | Code V                                    | Amount   | (A)<br>or<br>(D)   | Price   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  | (Instr. 4)          |           |  |
| Common<br>Stock   | 12/29/2006   |   |   | J <u>(1)</u>                              | 203.959  | А  | \$<br>21.7  | 4,779.96  | D                   |           |  |
| Common<br>Stock   | 12/29/2006   |   |   | J <u>(1)</u>                              | 13.1507  | A  | \$<br>21.7  | 4,793.11  | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| Toporting of the real of the   | Director      | 10% Owner | Officer | Other |  |  |  |  |
| LOONEY JOEL W                  |               |           |         |       |  |  |  |  |
|                                | Х             |           |         |       |  |  |  |  |
| Cignoturoo                     |               |           |         |       |  |  |  |  |
| Signatures                     |               |           |         |       |  |  |  |  |
| Joel W. Looney 0               | 1/03/2007     |           |         |       |  |  |  |  |
| **Signature of                 | Date          |           |         |       |  |  |  |  |

## **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) The shares reported in Item 4 were received through a dividend reinvestment plan. The Fund paid a dividend on December 29, 2006.

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.

Reporting Person