#### Edgar Filing: LIBERTY ALL STAR EQUITY FUND - Form 3/A

LIBERTY ALL STAR EQUITY FUND Form 3/A May 23, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## 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

#### OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

Stateme	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol LIBERTY ALL STAR EQUITY FUND [USA]					
Middle) 12/11/	2006	<ul><li>4. Relationship of Reporting Person(s) to Issuer</li><li>(Check all applicable)</li></ul>			5. If Amendment, Date Original Filed(Month/Day/Year)		
JITE					12/22/2006		
	Director 10% Owner OfficerX Other (give title below) (specify below)				6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting		
		Trustee			Person Form filed by More than One Reporting Person		
(Zip)	Table I - N	Non-Derivat	ive Securiti	es Ber	neficially Owned		
			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nati Owner (Instr.	*		
line for each class of	of securities benefic	ially S	EC 1473 (7-02)	)			
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	(Month Middle) 12/11/ JITE (Zip) line for each class of who respond to ion contained in to respond unle valid OMB cont	(Zip) Table I - N 2. Amount o Beneficially (Instr. 4) line for each class of securities benefic who respond to the collection of ion contained in this form are not to respond unless the form disple valid OMB control number.	Statement (Month/Day/Year)  LIBERTY    Middle)  12/11/2006  4. Relationshi Person(s) to Is    JITE  (Check   Officer (give title below) Officer (give title below)    (Zip)  Table I - Non-Derivat 2. Amount of Securities Beneficially Owned (Instr. 4)    line for each class of securities beneficially  S    who respond to the collection of ion contained in this form are not to respond unless the form displays a valid OMB control number.  S	Statement (Month/Day/Year)  LIBERTY ALL STAR    Middle)  12/11/2006  4. Relationship of Reporting Person(s) to Issuer    JITE  (Check all applicable)   Officer 10% O Officer    (Zip)  Table I - Non-Derivative Securitie 2. Amount of Securities    (Zip)  Table I - Non-Derivative Securitie (Instr. 4)    Eneficially Owned (Instr. 4)  Ownership Form: Direct (D) or Indirect (I) (Instr. 5)    line for each class of securities beneficially  SEC 1473 (7-02)    who respond to the collection of ion contained in this form are not to respond unless the form displays a valid OMB control number.	Statement (Month/Day/Year)  LIBERTY ALL STAR EQUI (Month/Day/Year)    Viiddle)  12/11/2006    4. Relationship of Reporting Person(s) to Issuer    JITE  (Check all applicable)   Officer 10% Owner Officer   Officer 10% Owner (give title below)    (Zip)  Table I - Non-Derivative Securities Beneficially Owned (Instr. 4)    2. Amount of Securities  3.  4. Nat Beneficially Owned (Instr. 4)    0wnership  Ownership Ownership  Owner Ownership    0irect (D) or Indirect (I)  0r Indirect (I)  (Instr. 5)    line for each class of securities beneficially  SEC 1473 (7-02)    who respond to the collection of ion contained in this form are not to respond unless the form displays a  Sec 1473 (7-02)		

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Add	lress	Relationships					
	Director	r 10% Owner	Officer	Other			
BURKE EDMUND J 1290 BROADWAY SUITE 1100 DENVER, CO 80203	Â	Â	Â	Trustee			
Signatures							
/s/ Edmund J Burke	05/23/2007						
<u>**</u> Signature of Reporting Person	Date						

# **Explanation of Responses:**

### No securities are beneficially owned

- \* 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).

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.