

TORTOISE PIPELINE & ENERGY FUND, INC.

Form 3

October 03, 2012

FORM 3

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

OMB APPROVAL

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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 *

^ METROPOLITAN LIFE INSURANCE CO/NY

(Last) (First) (Middle)

10 PARK AVENUE, ^ P.O. BOX 1902

(Street)

MORRISTOWN, ^ NJ ^ 07962

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
11/15/2011

3. Issuer Name and Ticker or Trading Symbol

TORTOISE PIPELINE & ENERGY FUND, INC. [TTP]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___X___ 10% Owner
___ Officer ___ Other
(give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

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) |
|--------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Tortoise Pipeline and Energy Fund, Inc. ⁽¹⁾ | \$ 2,000,000 | D | ^ |
| Tortoise Pipeline and Energy Fund, Inc. ⁽²⁾ | \$ 4,250,000 | D | ^ |
| Tortoise Pipeline and Energy Fund, Inc. ⁽³⁾ | \$ 3,000,000 | I | Investment Manager |

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

SEC 1473 (7-02)

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)

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| 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 | ^ | ^ X | ^ | ^ |

Signatures

| | |
|-----------------------------------------------------|------------|
| /s/ Daniel F. Scudder, Associate General Counsel | 10/03/2012 |
| __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) Floating Rate Senior Note, Series A, Due 12/15/2016. See Exh 99-1.
- (2) 2.50% Senior Note, Series B, Due 12/15/2014. See Exh 99-2.
- (3) Floating Rate Senior Note, Series A, Due 12/15/2016. See Exh 99-3.

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.