

Neuberger Berman High Yield Strategies Fund Inc.
 Form 3
 October 09, 2013

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)

<p>1. Name and Address of Reporting Person *</p> <p>Â METROPOLITAN LIFE INSURANCE CO/NY</p> <p>(Last) (First) (Middle)</p> <p>10 PARK AVENUE,Â P.O. BOX 1902</p> <p>(Street)</p> <p>MORRISTOWN,Â NJÂ 07962</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>09/18/2013</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Neuberger Berman High Yield Strategies Fund Inc. [NHS]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>___ Director ___X___ 10% Owner ___ Officer ___ Other (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p>__X__ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person</p>
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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. <u>(1)</u>	\$ 23,954,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(2)</u>	\$ 26,432,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(3)</u>	\$ 10,738,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(4)</u>	\$ 28,876,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(5)</u>	1,400	D	Â

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

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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 <small>(Month/Day/Year)</small>	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)
	<small>Date Exercisable</small>	<small>Expiration Date</small>			
		Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Relationships

Director	10% Owner	Officer	Other
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METROPOLITAN LIFE INSURANCE CO/NY
10 PARK AVENUE
P.O. BOX 1902
MORRISTOWN, NJ 07962

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^ X
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Signatures

/s/ Thomas J. Pasuit, Assistant General
Counsel

10/09/2013

**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.

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.