**DUNN MICHAEL W** Form 4 April 15, 2003

		OMB APPROVAL			
		OMB Number: Expires: Jan Estimated average hours per respons	e burden		
UNITED ST	TATES SECURITIES AND EX Washington, DC 20				
	FORM 4				
STATEME	ENT OF CHANGES IN BENEF	ICIAL OWNERSHIP			
Section 17(a) of t	ction 16(a) of the Secu the Public Utility Hold (h) of the Investment	ing Company Act of			
_  Check this box if no obligations may cont	o longer subject to Sec Linue. See Instruction		Form 5		
(Print of Type Responses)					
1. Name and Address of	Reporting Person*				
Dunn	Michael	₩.			
(Last)	(First)	(Middle)			
4000 First Avenue, N.E.					
	(Street)				
Cedar Rapids	Iowa	52402			
(City)	(State)	(Zip)			
2. Issuer Name and Tick	ser or Trading Symbol				

2. Issuer Name and Ticker or Trading Symbol

MACC Private Equities Inc. - MACC

- 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)
- 4. Statement for Month/Day/Year

April 14, 2003

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

6.	Rela (Che							
		Director Officer (give	e title below)		10% Owner Other (spec			
7.	Indi	_						
		Table I N	Jon-Derivative So	ecurities Accially Owned	quired, Dispo	sed of,	=	
1.				2A. Deemed Execution	Code	4. Securities Acq Disposed of (D (Instr. 3, 4 a	)	(A) or
Title	e of Security tr. 3)		Date	Date, if any (mm/dd/yy)		- Amount	or (D)	
Commo	on St	ock	04/14/03		P	1442	 А	\$2.40
====							=====	
		continued)						
Table	e II		Securities Acquas, calls, warran					

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1. Title of	of	3. Trans- action	3A. Deemed Execut- ion Date if	4. Trans- action Code (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Under Securiti (Instr.	lying es 3 and 4)
Derivative Security (Instr. 3)	ative	Date (mm/dd/	any (mm/dd/ yy)	8)  Code V	4 and		Date Exer- cisable	Expira- tion	Title	Number of Shares
None.										
Explanation				======				======		

The shares of common stock reported on this Form 4 as purchased on April 14, 2003 and indirectly beneficially owned through Farmers and Merchants Savings Bank Profit Sharing 401K Plan, FBO Michael Plan, FBO Mic

/s/ Michael W. Dunn 04/15/03
------\*\*Signature of Reporting Person Date

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

- \* If the form is filed by more than one reporting person, see Instruction  $4\,\mathrm{(b)}\,\mathrm{(v)}$  .
- \*\* 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.

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