FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

#### OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  AMERICAN INTERNATIONAL  GROUP, INC.  (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol     DNP SELECT INCOME FUND INC [     DNP ]      3. Date of Earliest Transaction (Month/Day/Year)     06/09/2024								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Officer (give title below)  See Remarks				
(Last) 1271 AV (Street)	Aiddle)	-	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting						
NEW YO	ORK N	0020 Zip)	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of S	Security (Ins	2. Transaction Date (Month/Day/Yea	r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Owners Form: Dir (D) or Indirect (I	ect Indir Bene ) Own	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	Code V		ount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	(inst	. 4)	
3.00% Se due July 2	ries B Seni 22, 2026	06/09/2024				J <sup>(1)</sup>		33	,000,000	D	\$0	\$14,000,000		I	Held through subsidiaries		
Series E I Preferred	Mandatory Shares	06/09/2024	+		J <sup>(1</sup>				660	D	\$0	0				d through sidiaries	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)					de (Instr. of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)		ative ities red sed 3, 4	Expiration (Month/I		Day/Year)  Expiration		le and unt of rities virlying rative rity (Instr. 14)  Amount or Number of Shares	Derivative Security (Instr. 5)  Geriv Secu Bene Owne Follo Repo Trans (Instr		rities ficially ed wing rted saction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

### **Explanation of Responses:**

- 1. As of June 9, 2024, Corebridge Financial, Inc. ("CRBG") ceased to be a controlled subsidiary of American International Group, Inc. ("AIG"). As a result, CRBG and AIG report beneficial ownership independently and AIG no longer reports beneficial ownership of securities held directly by CRBG and its subsidiaries.
- 2. American Home Assurance Company, Lexington Insurance Company and National Union Fire Insurance Company of Pittsburgh, PA, each an indirect wholly owned subsidiary of AIG, directly hold \$4,660,000.00 principal amount, \$4,670,000.00 principal amount and \$4,670,000.00 principal amount of the reported securities, respectively.

## Remarks:

Filed pursuant to Section 30(h) of the Investment Company Act of 1940.

/s/ Gregory Ruffa, Authorized 06/11/2024 Signatory of American International Group, Inc.

\*\* 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 (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.

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 Number.