Laikind Jeffrey Form 3 November 24, 2009 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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 2. Date of Event Requiperation Person * Statement Â Laikind Jeffrey (Month/Day/Year)		^{ing} 3. Issuer Name and Ticker or Trading Symbol Seligman Premium Technology Growth Fund, Inc. [STK]					
(Last) (First) (Middle)	11/24/2009	4. Relationship Person(s) to Iss			5. If Amendment, Date Original Filed(Month/Day/Year)		
901 S. MARQUETTE AVENUE							
(Street)		(Check all applicable)		6. Individ	6. Individual or Joint/Group		
MINNEAPOLIS, MN 55402		X Director Officer (give title below	10% Owno Other (specify below)	er Filing(Cho _X_Form Person Form	Filing(Check Applicable Line) _X_ Form filed by One Reporting		
(City) (State) (Zip)	Table I - N	Non-Derivati	ve Securities I	Beneficially	y Owned		
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned	Ownership Ow	Vature of Indi vnership str. 5)	rect Beneficial		
Reminder: Report on a separate line for owned directly or indirectly.	ach class of securities benefic	ially SE	EC 1473 (7-02)				
information con required to resp	spond to the collection of tained in this form are not ond unless the form displ MB control number.	:					
Table II - Derivative Sector	urities Beneficially Owned (e	.g., puts, calls, v	warrants, options	, convertible	securities)		
(Instr. 4) Exp	iration Date Securiti	and Amount of es Underlying ive Security	or Exercise	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

1

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Address		Relationships							
		ector	10% Owner	Officer	Other				
Laikind Jeffrey 901 S. MARQUETTE AVENUE MINNEAPOLIS, MN 55402	Â	X	Â	Â	Â				
Signatures									
Joseph L. D'Alessandro, by power of attorney			11/24/2009						
**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.