

LIBERTY ALL STAR EQUITY FUND
 Form 3
 October 21, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â MATRIX ASSET ADVISORS INC/NY			(Month/Day/Year)	LIBERTY ALL STAR EQUITY FUND [USA]	
(Last)	(First)	(Middle)	10/19/2015		
747 THIRD AVENUE,,Â 31ST FLOOR			4. Relationship of Reporting Person(s) to Issuer		
(Street)			(Check all applicable)		
NEW YORK,,Â NYÂ 10017			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) Invst Sub-Adviser and Officers		
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)		
			6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> 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)
Closed - End Fund Shares	0	D	Â

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)

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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
-----------------------------------------------	-------------------------------------------------------------	--------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------	----------------------------------------------------------

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
---------------------	--------------------	-------	----------------------------------	----------	------------------------------------------------

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MATRIX ASSET ADVISORS INC/NY 747 THIRD AVENUE, 31ST FLOOR NEW YORK,, NY 10017	Â	Â	Â	Invst Sub-Adviser and Officers
Katz David Adam 747 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10017	Â	Â	Â President	Â
Birnholz Lon F. 747 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10017	Â X	Â	Â	Senior Managing Director
Pisarkiewicz Steven 747 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10017	Â X	Â	Â	Senior Managing Director
Roukis Steven 747 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10017	Â X	Â	Â	Managing Director
Posner Jordan Fraser 747 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10017	Â X	Â	Â	Managing Director
Weinberger Stephan J. 747 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10017	Â X	Â	Â	Managing Director
Gaeta Laurie Skinner 747 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10017	Â X	Â	Â	Managing Director

Signatures

/s/ David A.
Katz

10/19/2015

Date

Signature of
Reporting Person

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).

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.