1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement Seligman Premium Technology Growth Fund, Inc. [STK] TRUSCOTT WILLIAM F (Month/Day/Year) 11/24/2009 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 53600 AMERIPRISE (Check all applicable) FINANCIAL CENTER (Street) 6. Individual or Joint/Group _X_ Director 10% Owner __X__Officer Other Filing(Check Applicable Line) (give title below) (specify below) _X_ Form filed by One Reporting Vice President Person MINNEAPOLIS, MNÂ 55474 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities 3. Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Seligman Premium Technology Growth Â 2,000 D Fund, Inc. (STK) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of 6. Nature of Indirect

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

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Form 3 November 24, 2009

(Print or Type Responses)

Seligman Premium Technology Growth Fund, Inc.

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

OMB APPROVAL

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5 Edgar Filing: Seligman Premium Technology Growth Fund, Inc. - Form 3

Date Exercisable	Expiration Date	Title	Amount or Number of	Security	Direct (D) or Indirect
2.1010104010	2000		Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
TRUSCOTT WILLIAM F 53600 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474	X	Â	Vice President	Â	
Signatures					
Joseph L. D'Alessandro, by power of attorney	11/24/2009				
**Signature of Reporting Person	Da	ite			
Evolution of Poononoo					

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.