Columbia Seligman Premium Technology Growth Fund, Inc. Form 3

Date

July 20, 2015

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

### **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 <u>*</u> Westmont Clark R.			2. Date of Event Re Statement (Month/Day/Year) 07/13/2015	1 0 5. 155der Hum	Columbia Seligman Premium Technology Growth Fund,					
(Last)	(First)	(Middle)	07/13/2013		4. Relationship of Reporting Person(s) to Issuer			ndment, Date Original nth/Day/Year)		
225 FRANK	LIN ST.									
(Street)				(Check	heck all applicable)		6. Individual or Joint/Group			
BOSTON, MA 02110				Director 10% Owner Officer X_Other (give title below) (specify below) Portfolio Manager of Issuer			Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Secur (Instr. 4)	ity			mount of Securities eficially Owned r. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	rship	irect Beneficial		
Reminder: Repo owned directly	-	ate line for ea	ch class of securities	beneficially S	ially SEC 1473 (7-02)					
т	inform require curren	ation conta ed to respo itly valid OI	pond to the collec ained in this form nd unless the form MB control numbe rities Beneficially O	are not n displays a	warrants, opt	ions, co	onvertible	securities)		
			v		, <b>1</b>	,		,		
1. Title of Deriv (Instr. 4)	vative Securit	Expi	te Exercisable and ration Date /Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversio or Exercis		vnership rm of	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

OMB APPROVAL

Number:

Expires:

response...

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Westmont Clark R. 225 FRANKLIN ST. BOSTON, MA 02110	Â	Â	Â	Portfolio Manager of Issuer		
Signatures						
Joseph D'Alessandro, Attorney-in-Fact	07/20/2015					
<u>**</u> 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.