

AXA EQUITABLE LIFE INSURANCE CO
 Form 4
 December 11, 2006

FORM 4

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

OMB APPROVAL

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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 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 *
 APMC INC

2. Issuer Name and Ticker or Trading Symbol
 ALLIANCEBERNSTEIN HOLDING L.P. [AB]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 1290 AVENUE OF THE AMERICAS

3. Date of Earliest Transaction (Month/Day/Year)
 12/07/2006

____ Director _____ 10% Owner
 ____ Officer (give title below) Other (specify below)
 Filed by mult. reporting pers.

(Street)
 NEW YORK, NY 10104

4. If Amendment, Date 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 Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		
Units ⁽¹⁾					722,178	D	(2) (3) (4) (5) (6) (7) (8) (10)
Units ⁽¹⁾					722,178	D	(3) (4) (5) (6) (7) (8) (9) (10)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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number.

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Reporting Transaction (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ACMC INC 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104				Filed by mult. reporting pers.
AXA 25 AVENUE MATIGNON PARIS, IO 75008				Filed by mult. reporting pers.
AXA ASSURANCES I A R D MUTUELLE ET AL 26, RUE DROUOT PARIS, IO 75009				Filed by mult. reporting pers.
AXA COURTAGE ASSURANCE MUTUELLE 26, RUE DROUOT PARIS, IO 75009				Filed by mult. reporting pers.
AXA ASSURANCES VIE MUTUELLE ET AL 26, RUE DROUOT PARIS, IO 75009				Filed by mult. reporting pers.
AXA FINANCIAL SERVICES LLC 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104				Filed by mult. reporting pers.
AXA FINANCIAL INC 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104				Filed by mult. reporting pers.
				Filed by mult. reporting pers.

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to refuse to consent to any transfer that is not described in the safe harbors set forth in the United States Treasury regulations.

(9) These securities are directly owned by ECMC, LLC, an indirect wholly-owned subsidiary of AXA Financial.

(10) As used in this Form 4, "AXA Equitable" refers to AXA Equitable Life Insurance Company; "MONY Life" refers to MONY Life Insurance Company; and "MLOA" refers to MONY Life Insurance Company of America. AXA Equitable, MONY Life and MLOA are indirect wholly owned subsidiaries of AXA Financial.

Remarks:

This is one of two Forms 4 reporting this transaction filed today by multiple reporting persons. See Attachment A filed as an E

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.