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FARRELL EI Form 4	DWARD J											
December 05,										APPROVAL		
FORM	4 UNITE	ED STATE	S SECURI	ITIES AN	ND EXC	HAP	NGE C	OMMISSION				
Check this	box	Washington, D.C. 20549								3235-0287		
if no longe subject to Section 16 Form 4 or Form 5	er STAT	EMENT C	Expires: January 31 200 Estimated average burden hours per response 0.									
obligations may contir <i>See</i> Instruc 1(b).	s Section	17(a) of the		lity Holdi	ng Com	pany	Act of	e Act of 1934, 1935 or Sectio 0	n			
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person <u>*</u> FARRELL EDWARD J			Symbol	2. Issuer Name and Ticker or Trading Symbol ALLIANCEBERNSTEIN				5. Relationship of Reporting Person(s) to Issuer				
			NG L.P. [AB]				(Check all applicable)					
(Last)	(First)	(Middle)	(Month/Day/Year)					Director X Officer (give below)	ve title 10% Owner Other (specify below)			
C/O ALLIAN L.P., 1345 A AMERICAS			12/01/20	11				/	roller & Inter	im CFO		
	(Street)		Filed(Month/Day/Year) Applicat _X_For					Applicable Line) _X_ Form filed by 0	ridual or Joint/Group Filing(Check ole Line) m filed by One Reporting Person n filed by More than One Reporting			
NEW YORK	., NY 10105							Person	Note than one	Reporting		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Acqu	iired, Disposed of	f, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	(ear) Execu any		3. Transactio Code (Instr. 8)	4. Securit (A) or Di (Instr. 3,	spose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
unita non				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
units rep. assignments of benefical owner. of lp interests (1)	12/01/2011			F	1,230	D	\$ 13.26	6,120 <u>(2)</u>	D			
Holding Units (1)								30,834 <u>(2)</u> <u>(3)</u>	Ι	by rabbi trust under employee incentive compensation		

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plan

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

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 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
O ALLIANCEBERNSTEIN L.P. 45 AVENUE OF THE AMERICAS 2W YORK, NY 10105	Director	10% Owner	Officer	Other				
FARRELL EDWARD J C/O ALLIANCEBERNSTEIN L.P. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105			SVP, Controller & Interim CFO					
Signatures								

/s/ Mona Bhalla, by pwr. of att'y 12/05/2011

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(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).

(1) Units representing assignments of beneficial ownership of limited partnership interests in AllianceBernstein Holding L.P. ("Holding Units").

On December 1, 2011, 3,394 Holding Units previously owned by Reporting Person through a rabbi trust under an incentive compensation
 (2) award program were distributed to him. Of these Holding Units, 1,230 Holding Units were withheld for tax purposes and 2,164 Holding Units were delivered to him.

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(3) Total includes 780 Holding Units acquired through quarterly distribution reinvestment.

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.