Edgar Filing: SUSSMAN BERNARD - Form 4

| SUSSMAN BERNARD | | | | |
|---|---|--|--|--|
| Form 4 | | | | |
| December 02, 2008 | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | OMB APPROVAL | | | |
| Washington, D.C. 20549 | OMB 3235-0287 Number: | | | |
| Check this box if no longer critering on chieve on proversion of a chieve of the proversion of the chieve of the provession of the chieve of t | Expires: January 31, | | | |
| subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | Estimated average burden hours per response 0.5 | | | |
| Section 16. SECURITIES Form 4 or | | | | |
| Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | 0.0 | | | |
| obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | l | | | |
| <i>See</i> Instruction 30(h) of the Investment Company Act of 1940 | | | | |
| 1(b). | | | | |
| (Print or Type Responses) | | | | |
| 1. Name and Address of Reporting Person * SUSSMAN BERNARD2. Issuer Name and Ticker or Trading Symbol5. Relationship of I Issuer | Reporting Person(s) to | | | |
| NUVEEN OUALITY PREFERRED | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of Earliest Transaction Director | itle 10% Owner | | | |
| (Wohld)/Day/Tear) below) | below) | | | |
| 4 HIGH RIDGE PARK 12/01/2008 Portf | olio Manager | | | |
| (Street) 4. If Amendment, Date Original 6. Individual or Joi | nt/Group Filing(Check | | | |
| Filed(Month/Day/Year) Applicable Line) _X_ Form filed by O Form filed by M | ne Reporting Person ore than One Reporting | | | |
| STAMFORD, CT 06905 | ore than one reporting | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, | or Beneficially Owned | | | |
| Security(Month/Day/Year)Execution Date, ifTransactionAcquired (A) orSecuritiesF(Instr. 3)anyCodeDisposed of (D)Beneficially(A) | 5. Ownership 7. Nature of Form: Direct Indirect D) or Beneficial ndirect (I) Ownership | | | |
| (A) (A) (A) (A) (A) (A) (A) (A) | Instr. 4) (Instr. 4) | | | |
| Code V Amount (D) Price (Instr. 3 and 4) | | | | |
| Common 12/01/2008 P 1,000 A $\frac{\$}{4.6}$ 8,500 I |) | | | |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title Amoun Underl Securit (Instr. | nt of lying | 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 | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|----------------------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| SUSSMAN BERNARD 4 HIGH RIDGE PARK STAMFORD, CT 06905 | | | | Portfolio Manager | | |
| Signatures | | | | | | |
| By: Gifford R. Zimmerman/sign under POA | ed | 12/02 | 2/2008 | | | |
| <u>**</u> Signature of Reporting Person | | Da | ate | | | |

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).

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.