

ClearBridge Energy MLP Fund Inc.  
 Form 3  
 June 22, 2015

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

OMB APPROVAL

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**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 *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
PRUDENTIAL FINANCIAL INC			(Month/Day/Year)	ClearBridge Energy MLP Fund Inc. [CEM]	
(Last)	(First)	(Middle)	06/11/2015		
751 BROAD ST, NJ			4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line)
NEWARK, NJ 07102			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)		<input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)			

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Series C Mandatory Redeemable Preferred Stock	210	I <u>(1)</u>	By Prudential Retirement Insurance and Annuity Company, a wholly-owned subsidiary of the Reporting P
Series D Mandatory Redeemable Preferred Stock	580	I <u>(2)</u>	By The Prudential Insurance Company of America, a wholly-owned subsidiary of the Reporting Person

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PRUDENTIAL FINANCIAL INC 751 BROAD ST NEWARK, NJ 07102	^	^ X	^	^
PRUDENTIAL INSURANCE CO OF AMERICA 751 BROAD STREET NEWARK, NJ 07102	^	^ X	^	^
Prudential Retirement Insurance & Annuity Co 280 TRUMBULL STREET HARTFORD, CT 06103	^	^ X	^	^

## Signatures

Richard Baker, Second Vice President, Prudential Financial, Inc.	06/22/2015
__Signature of Reporting Person	Date
Janette Filbert, Vice President, The Prudential Insurance Company of America	06/22/2015
__Signature of Reporting Person	Date
Wendy Carlson, Second Vice President, Prudential Retirement Insurance and Annuity Company	06/22/2015
__Signature of Reporting Person	Date

## 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).
- (1) Preferred stock owned directly by Prudential Retirement Insurance and Annuity Company, a ten percent owner of a class, and indirectly owned by Prudential Financial, Inc., its parent holding company.
- (2) Preferred stock owned directly by The Prudential Insurance Company of America, a ten percent owner of a class, and indirectly owned by Prudential Financial, Inc., its parent holding company.

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.