MORRIS WILLIAM C

Form 4/A

January 19, 2006

FORM 4

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

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction 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(b).

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading MORRIS WILLIAM C Issuer Symbol TRI-CONTINENTAL CORP [TY] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) _X_ Director 10% Owner _X__ Officer (give title __X__ Other (specify 100 PARK AVENUE 12/15/2005 below) below) Chairman of Issuer / Chairman, Issuer's Inv. Adv. (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person 12/16/2005 Form filed by More than One Reporting NEW YORK, NY 10017 Person (City) (State) (Zip)

(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. Transactic Code (Instr. 8)	4. Securitie onor Disposed (Instr. 3, 4)	d of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Tri-Continental Corporation	12/15/2005		P	533.618		\$ 18.74	30,645.344	I	Held in grantor trust for son
Tri-Continental Corporation	12/15/2005		P	533.618	A	\$ 18.74	31,178.962	I	Held in grantor trust for grandchild
Tri-Continental Corporation	12/15/2005		P	533.618	A	\$ 18.74	31,712.58	I	Held in grantor trust for

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

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Number:

Expires:

response...

grandchild

9. Nu

Deriv

Secu

Bene Own Follo Repo Trans (Instr

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.

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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. Transac Code (Instr. 8	8) I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (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				
MORRIS WILLIAM C 100 PARK AVENUE NEW YORK, NY 10017	X		Chairman of Issuer	Chairman, Issuer's Inv. Adv.				

Signatures

Albert A. Pisano, power of attorney 01/19/2006

**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).

Remarks:

This filing amends the filing of December 16, 2005 to reflect the reinvestment of dividends on December 13, 2005 with respec

The securities indirectly owned by Mr. William C. Morris following the reported transactions, as stated on the first page of thi

Reporting Owners 2

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This statement is filed pursuant to Section 16 of the Act and shall not be deemed an admission that the reporting person is, for 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.