SOURCE CAPITAL INC /DE/

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 $J_{\underline{(1)}}$

24.3504 A \$69.39 1,510.0393 I

Common 06/15/2007

Stock

Form 5

February 01, 2008

February 0	1, 2008										
FORI	M 5							OMB APF	PROVAL		
	UNITED	STATES SEC				GE COM	MISSION	OMB Number:	3235-0362		
Check this box if no longer subject			Washington, D.C. 20549					Expires:	January 31, 2005		
to Section Form 4 5 obligation may consider See Inst	or Form AN tions ntinue.		CATEMENT OF CHANGES IN BENEFIC: OWNERSHIP OF SECURITIES				CIAL	Estimated av burden hours response	erage		
1(b).	Filed pu Holdings Section 17 d			ling Compa	any A	ct of 1935					
1. Name and Address of Reporting Person * SCHLOEMER PAUL G			2. Issuer Name and Ticker or Trading Symbol SOURCE CAPITAL INC /DE/ [SOR]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	_A_Bitco			Officer (give ti	ector 10% Owner cer (give title Other (specify below)						
11400 W. 1200	OLYMPIC BLV	D., STE.									
	(Street)		Amendment, Da Month/Day/Year	_		6. Inc	dividual or Joii	nt/Group Repor	ting		
							(check	applicable line)			
LOS ANO	ELES, CA 90	0064					orm Filed by Mo	ne Reporting Persore than One Rep			
(City)	(State)	(Zip)	able I - Non-D	erivative Sec	curitie	s Acquired,	Disposed of,	or Beneficially	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code		of (D)		5. Amount of Securities Beneficially Owned at en of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/15/2007	Â	<u>J(1)</u>	26.2709	A	\$ 63.3175	1,485.688	9 I	By self as Trustee for Schloemer Family		

Trust

By self as Trustee for

Schloemer

									Family Trust
Common Stock	09/17/2007	Â	J <u>(1)</u>	26.569	A	\$ 64.5123	1,536.6083	I	By self as Trustee for Schloemer Family Trust
Common Stock	12/17/2007	Â	J <u>(1)</u>	28.3331	A	\$ 61.4335	1,564.9414	I	By self as Trustee for Schloemer Family Trust
Preferred Stock	Â	Â	Â	Â	Â	Â	340	I	By self as Trustee for Schloemer Family Trust
	eport on a separate lineficially owned direct	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.						SEC 2270 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned $(e.g.,\,\mathrm{puts},\,\mathrm{calls},\,\mathrm{warrants},\,\mathrm{options},\,\mathrm{convertible}\,\,\mathrm{securities})$

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9.
]	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative	of
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	D
((Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
		Derivative				Securities			(Instr.	3 and 4)		В
		Security				Acquired						О
						(A) or						Eı
						Disposed						Is
						of (D)						Fi
						(Instr. 3,						(I
						4, and 5)						
										Amount		
							Date	Expiration	Title	or Number		
							Exercisable Date		Title	of		
						(A) (D)				Shares		
						(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
coporting of the control of the cont	Director	10% Owner	Officer	Other			
SCHLOEMER PAUL G 11400 W. OLYMPIC BLVD., STE. 1200 LOS ANGELES, CA 90064	ÂX	Â	Â	Â			

Reporting Owners 2

Signatures

/s/ Sherry Sasaki, Attorney-in-Fact

02/01/2008

**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) Shares acquired through the Company's dividend reinvestment plan.

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Remarks:

This form is signed by the reporting person's attorney-in-fact pursuant to the confirming statement pr Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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