### Edgar Filing: BLACKROCK MUNIYIELD PENNSYLVANIA QUALITY FUND - Form 4

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BLACKRO Form 4 March 18, 2	CK MUNIYIELI 011	) PENNS	YLVAN	IA QUAI	LITY FU	JND					
FORM	<b>14</b>		GEGU				NCE		т	APPROVAL	
	UNITED	STATES		shington			NGE (	COMMISSION	Number:	3235-0287	
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger 50 16. 50 Filed put 50 50 50 50 50 50 50 50 50 50		F CHAN Section 1 Public U	GES IN SECUE	Expires: January 31, 2005 Estimated average burden hours per response 0.5						
(Print or Type	Responses)										
1. Name and A BANK OF	2. Issuer Name and Ticker or Trading Symbol BLACKROCK MUNIYIELD PENNSYLVANIA QUALITY FUND [MPA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give titleX 10% Owner Other (specify below)					
(Last) BANK OF CORPORA TRYON ST	3. Date of Earliest Transaction (Month/Day/Year) 11/22/2010										
	(Street)	(Street) 4. If Amendm Filed(Month/D				al		<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>Form filed by One Reporting Person</li> </ul>			
CHARLOT	TTE, NC 28255							_X_ Form filed by Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acc	quired, Disposed o	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			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)		
Common Stock	11/22/2010			Code V P	Amount 700	(D) A	Price \$ 13.83	700	Ι	By Subsidiary	
Common Stock	11/22/2010			S	600	D	\$ 13.57	100	Ι	By Subsidiary	
Common Stock	11/22/2010			S	100	D	\$ 13.58	0	Ι	By Subsidiary	

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address		Relationsh							
	Director	10% Owner	Officer	Other					
BANK OF AMERICA CORP /DE/ BANK OF AMERICA CORPORATE CENTER 100 N. TRYON STREET CHARLOTTE, NC 28255		Х							
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. 4 WORLD FINANCIAL CENTER NORTH TOWER X NEW YORK, NY 10080									
Signatures									
Bank of America Corporation, By: /s/ Beth Dorfman, Authorized Signatory									
**Signature of Reporting Person									
Merrill Lynch, Pierce, Fenner & Smith Incorporated, By: /s/ Lawrence Emerson, Title: Attorney-In-Fact									
**Signature of Reporting Person									

# **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:**

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The transactions reported on this Form 4 were effected by Merrill Lynch, Pierce, Fenner & Smith Incorporated, an indirect, where the second se

Disgorgement of profits, if applicable, based on transactions reported above is being made by the Reporting Persons to the Issue

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.