Edgar Filing: KAYNE ANDERSON MIDSTREAM/ENERGY FUND, INC Form	Edgar F	Filing: k	AYNE	ANDERSO	N MIDS	TREAM/E	ENERGY I	FUND, I	NC	Form
--	---------	-----------	-------------	---------	--------	---------	----------	---------	----	------

KAYNE ANDI Form 4 February 13, 20		OSTRE A	AM/ENERGY	FUND, IN	NC.					
FORM									OMB AP	PROVAL
	UNITE	D STAT	TES SECURIT Washi	TIES ANI ngton, D.			GE CO	OMMISSION	OMB Number:	3235-0287
Check this b	OX	Expires:	January 31, 2005							
if no longer subject to Section 16. Form 4 or		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 Res	ponses)									
1. Name and Adda VOYA RETIR INSURANCE	Symbol KAYNE A MIDSTRE	2. Issuer Name and Ticker or Trading Symbol KAYNE ANDERSON MIDSTREAM/ENERGY FUND, INC. [KMF]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O VOYA IN MANAGEME POWERS FER SUITE 300	(Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 02/12/2015				Officer (give titleX Other (specify below) below) See explanation below				
	(Street)	Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
ATLANTA, G	A 30327						Ī	Person	ore than one req	Jorning
(City)	(State)	(Zip)	Table I	- Non-Deri	vative Sec	urities	s Acqu	ired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	rity (Month/Day/Year) Execution Date, if Transactior(A) or Disposed of				of	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Series A				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Mandatory Redeemable Preferred Shares	02/12/2015	i		Р	24,000	A	\$ 25	120,000	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

Edgar Filing: KAYNE ANDERSON MIDSTREAM/ENERGY FUND, INC. - Form 4

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)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired		ate	7. Title Amoun Underl Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo
				(A) or Disposed						Repo Trans
				of (D) (Instr. 3, 4, and 5)						(Instr
			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			
VOYA RETIREMENT INSURANCE & ANNUITY Co C/O VOYA INVESTMENT MANAGEMENT, LLC 5780 POWERS FERRY ROAD, NW, SUITE 300 ATLANTA, GA 30327				See explanation below			
Signatures							
/s/ Christopher P. Lyons, Senior Vice President, Voya Inve Agent	estment Man	agement, LLC	, as	02/13/2015			
<u>**</u> 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:

Filed pursuant to Section 30(h) of the Investment Company Act of 1940. The reporting party and its affiliates own in excess of

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.