

Neuberger Berman High Yield Strategies Fund Inc.  
 Form 3  
 October 09, 2013

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

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**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	
Â METROPOLITAN LIFE INSURANCE CO/NY		(Month/Day/Year)	Neuberger Berman High Yield Strategies Fund Inc. [NHS]	
(Last)	(First)	09/18/2013		
10 PARK AVENUE,Â P.O. BOX 1902			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
MORRISTOWN,Â NJÂ 07962			<input type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			<input type="checkbox"/> Officer	<input type="checkbox"/> Form filed by More than One Reporting Person
			(give title below)	(specify below)

**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)
Neuberger Berman High Yield Strategies Fund Inc. <u>(1)</u>	\$ 23,954,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(2)</u>	\$ 26,432,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(3)</u>	\$ 10,738,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(4)</u>	\$ 28,876,000	D	Â
Neuberger Berman High Yield Strategies Fund Inc. <u>(5)</u>	1,400	D	Â

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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.**

**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 <small>(Month/Day/Year)</small>	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

METROPOLITAN LIFE INSURANCE CO/NY  
10 PARK AVENUE  
P.O. BOX 1902  
MORRISTOWN, NJ 07962

^    ^ X    ^    ^

## Signatures

/s/ Thomas J. Pasuit, Assistant General  
Counsel

10/09/2013

\_\_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) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-1.

(2) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-2.

(3) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-3.

(4) FRN Senior Note, Series A, Due 9/18/2023. See Exh 99-4.

(5) Series B Mandatory Redeemable Preferred Shares. See Exh 99-5.

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.