

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name ADVENT/CLAYMORE ENHANCED GROWTH & INCOME FUND		2 Issuer's employer identification number (EIN) 20-2113086	
3 Name of contact for additional information ROBERT WHITE		4 Telephone No. of contact 212 479 0675	
5 Email address of contact bwhite@adventcap.com		6 Number and street (or P.O. box if mail is not delivered to street address) of contact 1271 AVENUE OF THE AMERICAS, 45TH FLOOR	
7 City, town, or post office, state, and Zip code of contact NEW YORK, NY 10020		8 Date of action 12/29/16	
9 Classification and description PAID A "RETURN OF CAPITAL" DISTRIBUTION		10 CUSIP number 00765E104	
11 Serial number(s)		12 Ticker symbol LCM	
13 Account number(s)			

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **RETURN OF CAPITAL DISTRIBUTION AS A PART OF THE FOLLOWING DISTRIBUTIONS:**

RECORD DATE:	TOTAL PER SHARE DISTRIBUTION:	ROC PER SHARE DISTRIBUTION:
2/12/16	0.210000	0.204591
5/13/16	0.210000	0.204591
8/15/16	0.210000	0.204591

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **THE ABOVE ACTION WILL REDUCE THE COST BASIS OF THE SHAREHOLDER'S SECURITY**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **N/A**

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC SECTION §312 & §316

Multiple horizontal lines for listing applicable Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ N/A

Multiple horizontal lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

Multiple horizontal lines for providing other necessary information.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature ▶  Date ▶ _____

Print your name ▶ ROBERT WHITE Title ▶ TREASURER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	