

TORTOISE POWER & ENERGY INFRASTRUCTURE FUND INC
 Form 3
 March 12, 2010

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

OMB APPROVAL

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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)

<p>1. Name and Address of Reporting Person *</p> <p>Â GUILFORD CAPITAL MANAGEMENT LLC</p> <p>(Last) (First) (Middle)</p> <p>4200 W. 115TH STREET,Â SUITE 100</p> <p>(Street)</p> <p>LEAWOOD,Â KSÂ 66211</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>09/15/2009</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>TORTOISE POWER & ENERGY INFRASTRUCTURE FUND INC [TPZ]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Affiliate of Inv Advisor</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input type="checkbox"/> Form filed by One Reporting Person</p> <p><input checked="" type="checkbox"/> Form filed by More than One Reporting Person</p>
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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)
Common Stock	0	D	Â

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

SEC 1473 (7-02)

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 (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GUILFORD CAPITAL MANAGEMENT LLC 4200 W. 115TH STREET SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
ASCENT INVESTMENT PARTNERS, LLC 4200 W. 115TH STREET LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
NATIONS GROUP ADVISORS, LLC 4200 W. 115TH STREET SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
MARINER ASSET MANAGEMENT, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
PALMER SQUARE CAPITAL MANAGEMENT, LLC 4200 W. 115TH STREET SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
PALMER SQUARE CAPITAL ADVISORS LLC 4200 W. 115TH STREET SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor

Signatures

/s/ Martin C. Bicknell 03/10/2010

__Signature of Date
Reporting Person

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).

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Remarks:

This Form 3 is filed today and reports the same securities by the following six filers Guilford C

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.