### Bruck Benjamin Matthaus Form 3 November 21, 2008 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

## 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

# OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per

0.5

response ...

(Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>Bruck Benjamin Matthaus   |           | 2. Date of Event Requir<br>Statement<br>(Month/Day/Year) | FIRST TRU   | 3. Issuer Name and Ticker or Trading Symbol<br>FIRST TRUST FOUR CORNERS SENIOR FLOATING<br>RATE INCOME FUND II [FCT] |  |  |  |  |  |
|--|-----------|--|---|--|--|--|--|--|--|
| (Last) (First)   | (Middle)  | 10/22/2008   | 4. Relationshi<br>Person(s) to Is                                     | p of Reporting   |  | f Amendment, Date Original<br>d(Month/Day/Year)  |  |  |  |
| 515 S. FLOWER ST<br>SUITE 1600   | TREET,    |  | (Check  | (Check all applicable)   |  |  |  |  |  |
| (Street)   | CAÂ 90071 |  | , C   | 10% C<br>X Other<br>v) (specify belo<br>er of co-sub-ad  | w) _X_<br>lviser Perso                 | ndividual or Joint/Group<br>ng(Check Applicable Line)<br>Form filed by One Reporting<br>on<br>Form filed by More than One<br>orting Person |  |  |  |
| (City) (State)   | (Zip)     | Table I  | Table I - Non-Derivative Securities Beneficially Owned                |  |  |  |  |  |  |
| 1.Title of Security<br>(Instr. 4)  |           |  | nt of Securities<br>Illy Owned  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5)   | 4. Nature o<br>Ownership<br>(Instr. 5) | of Indirect Beneficial   |  |  |  |
| Reminder: Report on a se<br>owned directly or indirec  |           | ch class of securities bene                              | eficially SI  | EC 1473 (7-02)   | )                                      |  |  |  |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number.<br>Table II - Derivative Securities Beneficially Owned ( <i>e.g.</i> , puts, calls, warrants, options, convertible securities) |           |  |   |  |  |  |  |  |  |
| 1. Title of Derivative Sec<br>(Instr. 4)   | Expir     | Tation Date Sector<br>Day/Year) Deri                     | itle and Amount of<br>arities Underlying<br>wative Security<br>tr. 4) | 4.<br>Conversio<br>or Exercis<br>Price of  |  | of (Instr. 5)  |  |  |  |

Date

Exercisable

Expiration Title

Date

Security:

Direct (D)

or Indirect

Derivative

Security

Amount or

Number of

Shares

(I) (Instr. 5)

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>  |        | Relationships |           |         |                                |  |  |
|--|--------|---------------|-----------|---------|--------------------------------|--|--|
|  |        | Director      | 10% Owner | Officer | Other                          |  |  |
| Bruck Benjamin Matthaus<br>515 S. FLOWER STREET, SUITE 1600<br>LOS ANGELES, CA 90071 |        | Â             | Â         | Â       | Board Member of co-sub-adviser |  |  |
| Signatures   |        |               |           |         |                                |  |  |
| Benjamin Matthaus 11/21<br>Bruck   | 1/2008 |               |           |         |                                |  |  |
| **Signature of Reporting D<br>Person   | ate    |               |           |         |                                |  |  |
| Explanation of Poor  | 0000   | 001           |           |         |                                |  |  |

# **Explanation of Responses:**

#### No securities are beneficially owned

- \* 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).

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.