Amended

Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Internal Revenue Service			See separate instructions.		
Part I Reporting	Issuer				
1 Issuer's name		2 Issuer's employer identif	ication number (EIN)		
RIVERNORTH MANAGED	DURATION MUNICI	87-13871	40		
3 Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact	
ALPS FUND SERVICES			303-623-2577		
6 Number and street (or F	P.O. box if mail is not	7 City, town, or post office, state	7 City, town, or post office, state, and ZIP code of contact		
1290 BROADWAY, SUITE 1000				DENVER, CO 80203	
8 Date of action 9 Classification and description					
6/30/2023		СОММС	COMMON STOCK		
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
76882M104			RMMZ		
Part II Organization	onal Action Attac	ch additiona	l statements if needed. See	e back of form for additional que	stions.
the action ► SEE A	ITACHED STATEME	ENT			
share or as a percenta	age of old basis ► TI	HE AMOUNT		ty in the hands of a U.S. taxpayer as APITAL IN THE ATTACHED STATE HELD.	
16 Describe the calculation valuation dates ► SE		pasis and the	data that supports the calcula	ation, such as the market values of se	curities and the

Form 8937 (12-2017) Page **2**

Part	· '	Organizati	onal Action (C	ontinuea)		
				de section(s) and subsection(s) upo		
				HE PORTION OF A DISTRIBUTION	·	
				SUANT TO IRC 301(C)(2), THE PO CE THE ADJUSTED BASIS OF TH		WHICH IS NOT A DIVIDEND
SHALL	DL A	FFLILD AGA	IIII AND KLDO	CE THE ADJUSTED BASIS OF TE	IL STOCK.	
18 Ca	an anv	/ resulting los	s be recognized? I	NOT APPLICABLE TO THIS T	RANSACTION AS NO LOSS WO	OULD BE RECOGNIZED
	-	_	-	ION. THE SHAREHOLDER'S COS		
				CH MAY AFFECT THE GAIN OR I		
					_	URSUANT TO IRC SECTION 6045,
				NOMIC STABILIZATION ACT OF : ORTING FOR COVERED SECURI		
				R, THE COST BASIS OF THE SHA		
				ETURN OF CAPITAL DESCRIBED		DE ADJUSTED AS OF
	Unde	er penalties of r	eriury. I declare that	I have examined this return, including	accompanying schedules and statem	ents, and to the best of my knowledge and
				eclaration of preparer (other than officer)		
Sign			A CICNI	ED CODY OF TI	TIC EODM IC M	AINTAINED
Here	Signa	ature ▶	A SIGN	ED COPY OF THE	TIS FURINI 15 IVI	IAINTAINED
			AT THE	E OFFICES OF T	HE TAXPAYER	<u></u>
	Print	your name ►			Title ►	
Paid		Print/Type pr	eparer's name	Preparer's signature	Date	Check if PTIN
Prepa		Firm !				self-employed
Use C	nly	Firm's name	<u> </u>			Firm's EIN ►
Sond Fo	rm 80	Firm's addres		atements) to: Department of the Tre	ageuny Internal Revenue Sondo	Phone no. Orden LIT 84201-0054

Amended

RiverNorth Managed Duration Municipal Income Fund II, Inc. SUPPLEMENTAL ATTACHMENT TO FORM 8937 87-1387140

PART II, QUESTION 14:

THE CORPORATION DECLARED THE FOLLOWING DISTRIBUTIONS TO SHAREHOLDERS IN 2023 WHERE RETURN OF CAPITAL WAS APPLICABLE:

RECORD DATE	EX-DATE	PAYABLE DATE			RETURN OF CAPITAL AMOUNT
1/13/2023	1/12/2023	1/31/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
2/15/2023	2/14/2023	2/28/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
3/15/2023	3/14/2023	3/31/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
4/14/2023	4/13/2023	4/28/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
5/15/2023	5/12/2023	5/31/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
6/15/2023	6/14/2023	6/30/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
7/14/2023	7/13/2023	7/31/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
8/15/2023	8/14/2023	8/31/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
9/15/2023	9/14/2023	9/29/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
10/13/2023	10/12/2023	10/31/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
11/15/2023	11/14/2023	11/30/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
12/15/2023	12/14/2023	12/29/2023	\$ 0.097100	\$ 0.028728	\$ 0.068372
		TOTALS	\$ 1.165200	\$ 0.344736	\$ 0.820464