► See separate instructions.

Halt nepolung issuel					
1 Issuer's name				2	Issuer's employer identification number (EIN)
BlackRock MuniHoldings New York	c Ouality Fun		22-3536490		
3 Name of contact for additional in			e No. of contact	5	Email address of contact
Plaak Daak Advisara					tual funda ff unun@blackrack.com
BlackRock Advisors 6 Number and street (or P.O. box if mail is not delivered to			(800) 882-0052		tual_funds_ff_www@blackrock.com City, town, or post office, state, and ZIP code of contact
One Financial Center				Bo	ston, MA 02111
8 Date of action		9 Class	ification and description	ľ	
07/31/2024		Commor	Stock - Regulated Inves	stment Com	pany
10CUSIP number11Ser	ial number(s)		12 Ticker symbol	13	Account number(s)
09255C106 Part II Organizational Ac	n/a tion Attach	additional	MHN statements if peeded	Soo baak a	n/a of form for additional questions.
					which shareholders' ownership is measured for
_			o common shareholders	-	
All or a portion of each distribution					ny 2024 to 501y 2024.
All of a portion of each distribution	COnstitutes				
15 Describe the quantitative effect	of the organiz	zational act	ion on the basis of the sec	curity in the h	ands of a U.S. taxpayer as an adjustment per
	-				on-taxable return of capital will decrease a
U.S. taxpayer's basis in the shares					
	0				h as the market values of securities and the
					o distributions paid during the taxable period
					paid during the taxable period ended
July 31, 2024 in excess of Issuer's	current and a	accumulate	d earnings and profits u	nder IRC Se	ction 316.

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Part		Organizational Action (continued)	
		applicable Internal Revenue Code section(s) and subsection(s) upon which	the tax treatment is based ►
Internal	Reve	enue Code Sections 301, 316, 852	
18 C	an any	y resulting loss be recognized? ► No	
	,		
		any other information necessary to implement the adjustment, such as the	
		nt 1 for the per share amounts and dates of distributions impacted by t	his organizational action.
	ganiza	ational action is reportable with respect to calendar year 2024.	
	Unde	er penalties of perjury, I declare that I have examined this return, including accompar	ying schedules and statements, and to the best of my knowledge and
	belief	f, it is true, correct, and complete. Declaration of preparer (other than officer) is based	on all information of which preparer has any knowledge.
Sign		Ed & Burk	
Here	Signa	ature	Date > 10/01/2024
	Print	your name ► Ed Brodzinski	Title Assistant Treasurer
Paid		Print/Type preparer's name Preparer's signature	Date Check / if PTIN
Prepa		Tara Bongiorni Vala K. Bongu	
Use C	Jnly	Firm's name ▶ Deloitte Tax LLP Firm's address 30 Rockefeller Plaza, New York, NY 10112-0015	Firm's EIN 86-1065772 Phone no. 212-492-4000

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054 NM1024U-3930065-2/3

STATEMENT 1

BLACKROCK MUNIHOLDINGS NEW YORK QUALITY FUND, INC. F.E.I.N. 22-3536490 FOR THE TAXABLE PERIOD ENDED JULY 31, 2024 <u>ATTACHMENT TO FORM 8937</u>

NON-TAXABLE RETURN OF CAPITAL

Payable Date	<u>Per Share</u> <u>Reduction of</u> <u>Basis in Stock</u>
02/01/2024	0.010484055
03/01/2024	0.010484055
04/01/2024	0.010484055
05/01/2024	0.010484055
06/03/2024	0.010484055
07/01/2024	0.010484055