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FIRST TRUST/ABERDEEN GLOBAL OPPORTUNITY INCOME FUND

Form 3

November 15, 2016

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

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement FIRST TRUST/ABERDEEN GLOBAL OPPORTUNITY À Karpus Management, Inc. (Month/Day/Year) INCOME FUND [FAM] 11/11/2016 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 183 SULLY'S TRAIL.Â (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) Director _X__ 10% Owner Form filed by One Reporting Officer Other Person PITTSFORD. NYÂ 14534 (give title below) (specify below) _X_ Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial (Instr. 4) Beneficially Owned Ownership Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Common Stock (1) $D^{(2)}$ Â 3,386,613 D (3) Â Common Stock (1) 29,210 Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security 6. Nature of Indirect 2. Date Exercisable and 3. Title and Amount of 4. 5. (Instr. 4) **Expiration Date** Securities Underlying Conversion Ownership Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) Price of Derivative (Instr. 4) Derivative Security:

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Date Expiration Title Amount or Security Direct (D)

Exercisable Date Number of or Indirect

Shares (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Karpus Management, Inc. 183 SULLY'S TRAIL PITTSFORD, NY 14534	Â	ÂX	Â	Â
KARPUS GEORGE W KARPUS MANAGEMENT, INC. 183 SULLY'S TRAIL PITTSFORD, NY 14534	Â	ÂX	Â	Â

Signatures

Karpus Management, Inc. by Dani Investment Personnel	el L. Lippincott, CFA, Sr. Tax-Sensitive Mgr. & Director of	11/15/2016
	**Signature of Reporting Person	Date
George W. Karpus		11/15/2016
	**Signature of Reporting Person	Date

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).

This Form 3 is filed by Karpus Management, Inc., d/b/a Karpus Investment Management ("Karpus") and George W. Karpus (collectively, the "Reporting Persons"). Each Reporting Person may be deemed to be a member of a Section 13 (d) group that owns more than 10% of

- the Issuer's outstanding shares of common stock. All shares were purchased for investment purposes, not with the purpose or effect of changing or influencing control of the Issuer. Both Karpus and Mr. Karpus disclaim any beneficial ownership (as that term is defined in SEC Rule 16a-1(2)) of shares of the Issuer except to the extent of their pecuniary interest, if any, therein. This filing shall not be an admission by either of the Reporting Persons and the filers disclaim any such obligation.
- (2) Shares of Common Stock beneficially owned by Karpus.

Mr. Karpus beneficially owns 11,910 Shares. In addition, Mr. Karpus may be deemed to beneficially own 17,300 Shares held by the Karpus Investment Management Profit Sharing Plan Fund B - Conservative Bond Fund and the Karpus Investment Management Defin

(3) Karpus Investment Management Profit Sharing Plan Fund B - Conservative Bond Fund and the Karpus Investment Management Defined Benefit Plan entities.

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.

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