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FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup> Andoh Yusuke		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol TAIWAN FUND INC [TWN]			
(Last) 309 WEST 49TH (Street)	(First) I STREET	(Middle)	(Month/Day/Year) 04/11/2025	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		
NEW YORK (City)	NY (State)	10019 (Zip)		X Officer Other (give title below) (specify below) President 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I – Non-Derivative Securities Beneficially Owned					
1. Title of Security (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		

Table II – Derivative Securities Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da Day/Year)		3. Title and Amount of Securities Underl Derivative Security (Instr. 4)	ying	4. Conversion or Exercise Price of	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Yusuke Andoh \*\* Signature of Reporting Person

04/22/2025 Date

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).

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. 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 Number.