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FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Form 3

OMB Number: 3235-0104 Expires: March 31, 2018 Estimated average burden hours per response 0.5

OMB APPROVAL

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Print or Type Responses)

(11111t of Type Responses	5)							nours per response 0.5		
Name and Address of Reporting Person* Labbe Monique			2. Date of E Requiring (Month/D	Statement	3. Issuer Name and Ticker or Trading Symbol Taiwan Fund, Inc. (TWN)					
(Last)	Monique (First)	(Middle)	7/18/20	•	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner 5. If Amendment, Date Original Filed (Month/Day/ Year)					
10 High Street Boston	(Street)	02110			X Officer (give	eOthe e below) nt Treasurer	r (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One ReportingPerson		
(City)	(State)	(Zip)	Table I — Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)					nt of Securities cially Owned 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of (Instr. 5)	Indirect Beneficial Ownership		

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

^{*} If the form is filed by more than one reporting person, see Instruction 5(b)(v).

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	ship Form of Deriv-	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Explanation of Responses:							

No securities are owned beneficially.

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.

7/18/2017 /s/ Monique Labbe **Signature of Reporting Person Date

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).