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FORM 3

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

OMB APPROVAL
OMB Number: 3235-0104
Expires: March 31,2018
Estimated average burden

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(Print or Type Responses)

(11111t of Type Kesponse	<i>is)</i>							nours per response 0.5			
Name and Address Rigger	of Reporting Perso Shelley	n* E.		Event g Statement Day/Year)	3. Issuer Name and The Taiwan Fu						
(Last)	(First)	(Middle)	04/19/16		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date Original Filed (Month/Day/			
Davidson College, P.O. BOX 7018			_		X Director	10% Owner		Year)			
	(Street)				Officer (give	eOthe e below)	r (specify below)	6. Individual or Joint/Group			
Davidson	NC	28035				c delow)	·	Filing (Check Applicable Line) X 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)	f Indirect Beneficial Ownership			
None											

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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Deri-	ship Form of Deriv- ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exer- cisable	Exer- tion Tide	Title	Amount or Number of Shares	vative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
None							

Explanation of Responses:

No securities are benefically owned.

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

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.

/s/ Shelley Rigger 4/19/2016

**Signature of Reporting Person Date