

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

| OMB APPROVAL     |            |  |  |  |  |  |  |  |  |  |
|------------------|------------|--|--|--|--|--|--|--|--|--|
| OMB Number:      | 3235-0104  |  |  |  |  |  |  |  |  |  |
| Estimated avera  | age burden |  |  |  |  |  |  |  |  |  |
| hours per respon |            |  |  |  |  |  |  |  |  |  |

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 (Print or Type Responses) or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of F Knierim Timothy J | Reporting Person* |          | 2. Date of Event<br>Requiring State<br>(Month/Day/Ye | ement  | 3. Issuer Name and Tick<br>Morgan Stanley Chi |   |                   | CAF  |
|--|-------------------|----------|--|--|---|---|-------------------|--|
| (Last) 522 5TH AVENUE                      | (First)           | (Middle) | 12/8/2016  | 5. If Amendment, Date<br>Original Filed (Month/Day/Year) |   |   |                   |  |
| NEW YORK NY 10036                          | (Street)          |          |  |  | X Officer (give title belo                    | Other (   | specify<br>below) | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |
| (City)                                     | (State)           | (Zip)    |  |  | Table I Non-Der                               | ivative Securities B  | Seneficially O    | wned   |
| 1. Title of Security (Instr. 4)            |                   |          | 2.   |  | ant of Securities<br>icially Owned<br>4)      | 3. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 5) | (Instr. 5)        | f 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).

| Title of Derivative Security     (Instr. 4) | cisab<br>Expi<br>Date    | Exer-<br>ble and<br>ration<br>h/Day/Year) | 3. Title and Amount of Securities Underwative Securities (Instr. 4) | Jnderlying                             | 4. Conversion or Exercise Price of Deri-              | 5. Owner-ship Form of Deriv- ative | Beneficial Ownership<br>(Instr. 5) |
|---|--------------------------|---|---|--|---|------------------------------------|------------------------------------|
|   | Date<br>Exer-<br>cisable | Expira-<br>tion<br>Date                   | Title   | Amount<br>or<br>Number<br>of<br>Shares | vative Security Direct (D) or Indirect (I) (Instr. 5) |                                    |                                    |
|   |                          |   |   |  |   |                                    |                                    |

### Explanation of Responses:

No securities are beneficially owned.

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

| /S/Elise Clark                   | 12/16/2016 |  |
|----------------------------------|------------|--|
| ** Signature of Reporting Person | Date       |  |

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 control number.

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



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| hours per respor | nse 0.5    |  |  |  |  |  |  |  |  |  |

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(Print or Type Responses)

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

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

| Name and Address of Report     MALESKI PATRICIA A | rting Person*                    |          | 2. Date of Event<br>Requiring Statemer<br>(Month/Day/Year) | 3. Issuer Name and Tick  Morgan Stanley Chi        | 6 3  |                         | CAF   |
|---|----------------------------------|----------|--|--|--|-------------------------|---|
| MORGAN STANLEY INVESTM                            | irst)<br>Ent management<br>Floor | (Middle) | 1/1/2017   | 4. Relationship of Report (Check a Director        | rting Person(s) to Issue<br>all applicable)              |                         | 5. If Amendment, Date<br>Original Filed (Month/Day/Year)  |
| NEW YORK NY 10036                                 | treet)                           |          |  | Officer (give title belo                           | Other (sp  | ecify<br>low)           | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person |
| (City)  | (State)                          | (Zip)    |  | Table I Non-Der                                    | rivative Securities Ber                                  | neficially Ov           | vned  |
| 1. Title of Security (Instr. 4)                   |                                  |          | Be   | nount of Securities<br>neficially Owned<br>str. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of (Instr. 5) | f 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).

| Title of Derivative Security     (Instr. 4) | cisab<br>Expi<br>Date    | Exer-<br>le and<br>ration<br>h/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Securities (Instr. 4) |  |   | Conversion or Exercise Price of Deri-      | 5. Owner-ship Form of Deriv- ative | hip<br>form of<br>Deriv-<br>tive | Beneficial Ownersh<br>f (Instr. 5) | Beneficial Ownership |
|---|--------------------------|--|---|--|---|--|------------------------------------|----------------------------------|------------------------------------|----------------------|
|   | Date<br>Exer-<br>cisable | Expira-<br>tion<br>Date                  | Title   | Amount<br>or<br>Number<br>of<br>Shares | Security Direction (D) of Indirection (I) | ecurity: Direct D) or ndirect [] Instr. 5) |                                    |                                  |                                    |                      |
|   |                          |  |   |  |   |  |                                    |                                  |                                    |                      |

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/s/ Mary E Mullin 2/2/2017

\*\* Signature of Reporting Person Date

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