

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

| | | | |
|---|---------------------------------------|---|--|
| 1 Issuer's name Morgan Stanley Global Fixed Income Opportunities Fund | | 2 Issuer's employer identification number (EIN) 13-3647664 | |
| 3 Name of contact for additional information Michael Conklin | | 4 Telephone No. of contact 312-706-4706 | |
| 6 Number and street (or P.O. box if mail is not delivered to street address) of contact c/o Morgan Stanley Tax, 440 S. Lasalle Street, 39th Floor | | 5 Email address of contact msiptax.reg@morganstanley.com | |
| 8 Date of action See Item 14 Below | | 7 City, town, or post office, state, and ZIP code of contact Chicago, IL, 60605 | |
| 9 Classification and description COMMON STOCK DIVIDENDS | | | |
| 10 CUSIP number 61762E109 | 11 Serial number(s) N/A | 12 Ticker symbol MGFOX | 13 Account number(s) N/A |

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **The Issuer paid monthly distributions to common stock shareholders during fiscal year-end October 31, 2017. All or part of such distributions constitute a non-taxable return of capital.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶

The quantitative effect of the distributions reported as a return of capital on a per share basis are set forth in the table below:

| Record Date | Payment Date | Distribution Per Share | Return of Capital | Record Date | Payment Date | Distribution Per Share | Return of Capital |
|-------------|--------------|------------------------|-------------------|-------------|--------------|------------------------|-------------------|
| 01/30/2017 | 01/31/2017 | 0.01576200 | 0.00574894 | 09/28/2017 | 09/29/2017 | 0.01508900 | 0.00550348 |
| 02/27/2017 | 02/28/2017 | 0.01480600 | 0.00540026 | 10/30/2017 | 10/31/2017 | 0.01506600 | 0.00549509 |
| 03/30/2017 | 03/31/2017 | 0.01521700 | 0.00555016 | | | | |
| 04/27/2017 | 04/28/2017 | 0.01543300 | 0.00562894 | | | | |
| 05/30/2017 | 05/31/2017 | 0.01511100 | 0.00551150 | | | | |
| 06/22/2017 | 06/23/2017 | 0.01501200 | 0.00547539 | | | | |
| 07/28/2017 | 07/31/2017 | 0.01529200 | 0.00557752 | | | | |
| 08/30/2017 | 08/31/2017 | 0.01555700 | 0.00567417 | | | | |

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **Issuer's current and accumulated earnings were compared to distributions paid during the fiscal year ended October 31, 2017. The non-taxable return of capital represents the amount of distributions paid during the taxable fiscal year ended October 31, 2017 in excess of issuer's current and accumulated earnings and profits under IRC Section 316.**

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ Internal Revenue Code Section 301(c)(2) and Section 316

Multiple horizontal lines for listing applicable Internal Revenue Code sections and subsections.

18 Can any resulting loss be recognized? ▶ Not applicable.

Multiple horizontal lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ The reportable year is fiscal year ending October 31, 2017

Multiple horizontal lines for providing other information necessary to implement the adjustment.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature ▶ [Handwritten Signature] Date ▶ 8/13/18

Print your name ▶ Michael Conklin Title ▶ Assistant Treasurer

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | | | | Firm's EIN ▶ |
| | Firm's address ▶ | | | | Phone no. |