

FORM 3

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

|                                                   |           |
|---------------------------------------------------|-----------|
| OMB APPROVAL                                      |           |
| OMB Number:                                       | 3235-0104 |
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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

(Print or Type Responses)

|                                                                 |                                                                     |                                                                                                                                                                                                                                                                                          |                                                          |
|-----------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br>Morser Christopher | 2. Date of Event Requiring Statement (Month/Day/Year)<br>06/03/2019 | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Alternative Investment Partners Absolute Return Fund STS [ARF STS]                                                                                                                                                                 |                                                          |
| (Last) (First) (Middle)<br>522 5TH AVENUE, 19TH FLOOR           |                                                                     | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer (give title below) <input checked="" type="checkbox"/> Other (specify below)<br>Portfolio Manager | 5. If Amendment, Date Original Filed(Month/Day/Year)     |
| (Street)<br>NEW YORK, NY 10036                                  |                                                                     | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                                            |                                                          |
| (City) (State) (Zip)                                            | Table I - Non-Derivative Securities Beneficially Owned              |                                                                                                                                                                                                                                                                                          |                                                          |
| 1.Title of Security<br>(Instr. 4)                               | 2. Amount of Securities Beneficially Owned<br>(Instr. 4)            | 3. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 5)                                                                                                                                                                                                                              | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |

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

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

|                                               |                                                             |                 |                                                                                |                            |                                                        |                                                                                    |                                                          |
|-----------------------------------------------|-------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|                                               | Date Exercisable                                            | Expiration Date | Title                                                                          | Amount or Number of Shares |                                                        |                                                                                    |                                                          |

Reporting Owners

| Reporting Owner Name / Address | Relationships |  |  |  |
|--------------------------------|---------------|--|--|--|
|                                |               |  |  |  |

|                                                                          | Director | 10% Owner | Officer | Other             |
|--------------------------------------------------------------------------|----------|-----------|---------|-------------------|
| Morser Christopher<br>522 5TH AVENUE<br>19TH FLOOR<br>NEW YORK, NY 10036 |          |           |         | Portfolio Manager |

## Signatures

Mary E. Mullin

10/03/2019

--Signature of Reporting Person

Date

## Explanation of Responses:

### No securities are beneficially owned

\* 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).

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

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