10/3/2019 Ownership Submission

FORM 3

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
hours per response	0.5				

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 R Cucinotta Eban	eporting Person *	Statemen	2. Date of Event Requiring Statement (Month/Day/Year)			3. Issuer Name and Ticker or Trading Symbol Alternative Investment Partners Absolute Return Fund [ARF]				
522 5TH AVENUE,	First) (Middl 19TH FLOOR	e) 06/03/2	Director Officer (give title below)			ssuer	,	*	5. If Amendment, Date Original Filed(Month/Day/Year)	
NEW YORK, NY 10	treet) 036							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) (S	tate) (Zip)		Table I - Non-Derivative Securities Beneficially Owned					Owned		
1.Title of Security (Instr. 4)			Beneficially Owned (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Reminder: Report on a sep	Persons who res unless the form	spond to the co displays a curr	ollection of ently valid	infor I OME	mation c control	ontained in thi number.				
·		tle and Am orlying Der	ount of Securities ivative Security	_		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
		Date Exercisable	Expiration Date	Title Amount or Number of Shares			(D) or Indirect (I) (Instr. 5)			
Reporting Ov	vners									
Reporting Owner Name	/ Address	Relation	onships							
			1							

Reporting Owner Name / Address	Relationships			

	Director	10% Owner	Officer	Other
Cucinotta Eban 522 5TH AVENUE 19TH FLOOR 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.

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.