Labbe Moniqu Form 3	e											
July 19, 2017 FORM	J IN Filed	ITIAL S l pursuant 1 17(a) of	TATEMENT O	gton, I F BEN CURI of the Holdin	D.C. 20549 EFICIAL (FIES Securities E ng Company	DWNERSH xchange Ac Act of 193	IIP OF t of 1934,	OMB Number: Expires: Estimated burden ho response.	ours per			
(Print or Type Res	sponses)											
Person *Sta Labbe Monique(M			2. Date of Event Ro Statement (Month/Day/Year) 07/18/2017			e and Ticker o FUND INC	vmbol					
(Last)	(First)	(Middle)	0//18/2017					5. If Amendment, Date Original Filed(Month/Day/Year)				
10 HIGH STREET (Street)					(Check all applicable) 6			Individual or Joint/Group ling(Check Applicable Line)				
BOSTON, M	MAÂ 0211	0			X_ Officer (give title below	v) (specify belo ant Treasurer	r _X_1 ow) Perso H	Form filed by C on Form filed by M orting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned									
1.Title of Securit (Instr. 4)	у		Ben	mount of eficially tr. 4)	f Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	f Indirect Ben	eficial			
Reminder: Report owned directly or		e line for ea	ch class of securities	s benefici	ally S	EC 1473 (7-02	2)					
	informa require	tion conta d to respo	oond to the collec nined in this form nd unless the for AB control numbe	are not m displ								
Tal	ble II - Deriv	vative Secur	rities Beneficially O	wned (e.	g., puts, calls,	warrants, op	tions, conver	rtible securiti	es)			
1. Title of Deriva (Instr. 4)	tive Security	Expir	te Exercisable and ration Date Day/Year)	Securiti	and Amount of es Underlying ive Security)	f 4. Conversion or Exerci Price of Derivativ	se Form of Derivat	hip Benefic f (Instr. 5 ive	ure of Indirect cial Ownership 5)			

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable Date

Reporting Owners

Reporting Owner Name / Add	lress	s Relationships						
For8 o where o where o		10% Owner	Officer	Other				
Labbe Monique 10 HIGH STREET BOSTON, MA 02110	Â	Â	Assistant Treasurer	Â				
Signatures								
/s/ Monique Labbe	07/18/2017							
<u>**</u> Signature of Reporting Person	Date							
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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.