MACLEOD JAMES S Form 3 December 22, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> MACLEOD JAMES S			2. Date of Event Requ Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol AllianzGI Equity & Convertible Income Fund [NIE]			
(Last)	(First)	(Middle)	06/02/2015		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
1633 BROAI	DWAY						•	
	(Street)			(Check	(Check all applicable)		6. Individual or Joint/Group	
NEW YORK	., NY 1	0019		X_ Director Officer (give title below	 10% Ov Other v) (specify below 	wner Filing(Ch _X_Form) Person	eck Applicable Line) filed by One Reporting filed by More than One	
						Reporting	Person	
(City)	(State)	(Zip)	Table	e I - Non-Derivat	ive Securitie	s Beneficially	y Owned	
1.Title of Securi (Instr. 4)	ity			ount of Securities acially Owned 4)	Ownership	4. Nature of Ind Ownership (Instr. 5)	irect Beneficial	
Reminder: Repo owned directly o		ate line for ea	ach class of securities be	eneficially S	EC 1473 (7-02)			
	inform requir	ation conta ed to respo	pond to the collection ained in this form ar and unless the form MB control number.	re not displays a				
Ta	able II - Der	ivative Secu	rities Beneficially Own	ned (e.g., puts, calls,	warrants, optic	ons, convertible	e securities)	
1. Title of Deriv (Instr. 4)	rative Securit	Expi	ration Date S //Day/Year) D	. Title and Amount of ecurities Underlying Derivative Security Instr. 4)	f 4. Conversior or Exercise Price of Derivative	- · · · · ·	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable

Expiration

Title

Date

OMB APPROVAL

Number:

Expires:

response...

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
MACLEOD JAMES S 1633 BROADWAY NEW YORK, NY 10019	ÂX	Â	Â	Â		
Signatures						
/s/ Thomas J. Fuccillo, Attorney-in-Fact	12/22/2017					
**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.