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> Cogan Sarah E		2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2019	3. Issuer Name and Ticker or Trading Symbol AllianzGI NFJ DIVIDEND, INTEREST & PREMIUM STRATEGY FUND [NFJ]				
(Last) (First) (I	Middle)	1/2019	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
1633 BROADWAY (Street) NEW YORK, NYÂ			(Check X Director Officer (give title below	Officer Other		 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) (State)	(Zip)	Table I - N	on-Derivati	ive Securition	es Ber	neficially Owned	
1.Title of Security (Instr. 4)		2. Amount or Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	1	
Common Stock		0		D	Â		
Reminder: Report on a separate owned directly or indirectly.	line for each class	s of securities benefici	ially SI	EC 1473 (7-02))		
Persons	who respond t	o the collection of					

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

Estimated average burden hours per

0.5

response...

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
x 0	Director	10% Owner	Officer	Other			
Cogan Sarah E 1633 BROADWAY NEW YORK, NYÂ	ÂX	Â	Â	Â			
Signatures							
Craig Ruckman, as Attorney-in-Fact		01/08/2019	I				
**Signature of Reporting Person		Date					

Explanation of Responses:

* 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.