### Edgar Filing: AllianzGI NFJ DIVIDEND, INTEREST & PREMIUM STRATEGY FUND - Form 4

AllianzGI NFJ DIVIDEND, INTEREST & PREMIUM STRATEGY FUND

Form 4

December 04, 2015

. Οι ιι	UNITED	STATES			AND EX 1, D.C. 20		NGE CO	OMMISSION	OMB Number:	3235-0287		
Check t if no lor subject Section Form 4	nger to STATEM 16.									Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligati may con	Form 5 obligations may continue. See Instruction 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							1935 or Section	response	0.5		
Print or Type	Responses)											
1. Name and Address of Reporting Person * Magnuson Paul A			2. Issuer Name and Ticker or Trading Symbol AllianzGI NFJ DIVIDEND, INTEREST & PREMIUM STRATEGY FUND [NFJ]					5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable) Director 10% Owner				
(Last)	(First) (	Middle)					- - t	Officer (give title _X_ Other (specify below)				
1633 BRO	ADWAY		12/03/2	2015				1 0101	ono manager			
	(Street)		Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	RK, NY 10019						Ī	Form filed by Moreon	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secui	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A Transactioner Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/03/2015			Code V P	Amount 11,300	(D)	Price \$ 12.4873	(Instr. 3 and 4) 11,300	D			
Reminder: Re	eport on a separate line	e for each cla	ass of seco	irities bene	ficially ow	ned di	rectly or inc	directly				

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

number.

Persons who respond to the collection of

information contained in this form are not

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(9-02)

**OMB APPROVAL** 

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	r Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Α.			
									mount		
						Date Exercisable	Expiration Date	or			
								Title Number			
								of			
				Code V	(A) (D)			Sł	hares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Magnuson Paul A 1633 BROADWAY NEW YORK, NY 10019

Portfolio Manager

## **Signatures**

/s/ Paul A. Magnuson 12/04/2015

\*\*Signature of Date Reporting Person

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(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).

The price reported in Column 4 is a weighted average price. These shares were acquired in multiple transactions at prices ranging from \$12.48 to \$12.489, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares acquired at each separate price within the ranges set forth in this footnote.

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.

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