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FORM 3

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

Form 3
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPRO	OVAL
OMB Number:	3235-0104
Expires: N	1ay 31, 2021
Estimated average	burden
hours per response.	0.5

(Print or Type Responses)

(1 time of Type Responses	,							nours per response o.e	
1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement		3. Issuer Name and	Ticker or Trading S	ymbol		
Wheeler	Frank		(Month/Day/Year)		China Fund, I	nc. (CHN)			
(Last)	(First)	(Middle)	01/19/2	2019	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date Original Filed (Month/Day/	
Four Embarcadero Center, Suite 550				Director	10% Owner		Year)		
	(Street)				_X_Officer (give			6. Individual or Joint/Group	
San Francisco	CA	94111			title below) below) President		below)	Filing (Check Applicable Line) XForm filed by One Reporting Person Form filed by More than One ReportingPerson	
(City)	(State)	(Zip)		Table I — Non-Derivative Securities Beneficially Owned					
1. Title of Security (Instr. 4)				1	nt of Securities cially Owned 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of (Instr. 5)	Indirect Beneficial Ownership	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

^{*} If the form is filed by more than one reporting person, see Instruction 5(b)(v).

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)		sion or Exercise Price of Deri-	5. Owner- ship Form of Deriv- ative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	vative Security	Direct (D) or Indirect (I) (Instr. 5)	
Explanation of Responses:				-		-	
No Securities are beneficially owned.							

No Securities are beneficially owned.

** 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.

/s/ Frank Wheeler 2/15/2019 **Signature of Reporting Person

Date