Narayandas Das

| Form 3 November 22, | 2017 | | | | | | | | |
|---|------------------------|---------------------------------|---|--|---------------------------|---------------|--|---|--|
| FORM | 3 ^{UNI} | TED STAT | | RITIES AND EXCHANGE COMMISSION | | | | | |
| | Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0104 | |
| |] | INITIAL ST | ATEMENT OF BE SECUR | NEFICIAL OWNERSHIP OF ITIES | | | Expires: January 31 2005 Estimated average burden hours per | | |
| | | on $17(a)$ of the | o Section 16(a) of the ne Public Utility Hold (h) of the Investment (| ing Compan | y Act of 193 | | response | | |
| (Print or Type Re | sponses) | | | | | | | | |
| 1. Name and Address of Reporting Person Å Narayandas Das | | | Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol ALLIANCEBERNSTEIN GLOBAL HIGH INCOME FUND INC [AWF] | | | | | |
| (Last) | (First) | (Middle) | 11/14/2017 | | | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| C/O ALLIANCEE AVENUE OF | | | | (Chec | ek all applicable | | | | |
| (Street) | | | | Officer X Other 6. In (give title below) (specify below) Filin | | | dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting | | |
| NEW YORK | NYÂ, | 10105 | | | | Perso F | | | |
| (City) | (State) | (Zip) | Table I - | Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Security2. Amount of Beneficially (Instr. 4)(Instr. 4) | | | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) (D) rect | | | | |
| Reminder: Report owned directly of | | | n class of securities benefic | cially | SEC 1473 (7-02 | 2) | | | |
| | inforr requi | nation contain red to respon | ond to the collection o ned in this form are no d unless the form disp B control number. | ot | | | | | |
| Та | ble II - De | rivative Securit | ties Beneficially Owned (| e.g., puts, calls | s, warrants, op | tions, conver | tible securities | 5) | |
| 1 Title of Deriv | ntiva Sacuri | ty 2 Data | Exercisable and 3 Title | a and Amount | of 1 | 5 | 6 Notur | a of Indiract | |

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| Date | Expiration |
|-------------|------------|
| Exercisable | Date |

Amount or Number of Shares or Indirect (I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|------------|---------------|-----------|---------|----------------------------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| Narayandas Das C/O ALLIANCEBERNSTEIN 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 | | Â | Â | Â | Director of Fund's Adviser | | |
| Signatures | | | | | | | |
| /s/ Das Narayandas | 11/22/2017 | | | | | | |
| **Signature of Reporting Person | Date | | | | | | |
| Evalenction of | Deener | | | | | | |

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.