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Edgar Filing: PIMCO INCOME STRATEGY FUND - Form 3

PIMCO INCOME STRATEGY FUND Form 3 September 08, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 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 A Person <u>*</u> BROWN | | porting | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol PIMCO INCOME STRATEGY FUND [PFL] | | | | | |
|---|-----------------|-----------------------------|--|---|--|---------------------------|---|--|--|
| (Last) | (First) | (Middle) | 09/05/2014 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| C/O PIMCO CENTER D | | EWPORT | | (Check | all applicable) | | | | |
| NEWPORT BEACH,Â | |) | | <i>v</i> | <pre> 10% (Other v) (specify belo e President</pre> | | 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 | Non-Derivat | ive Securiti | es Be | neficially Owned | | |
| 1.Title of Secu (Instr. 4) | ırity | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | • | | |
| Reminder: Rep owned directly | - | | ach class of securities benefic | ially S | EC 1473 (7-02 |) | | | |
| | inforr requi | nation cont red to respo | spond to the collection of ained in this form are not ond unless the form disp MB control number. | t | | | | | |
| | Table II - De | rivative Secu | urities Beneficially Owned (e | e.g., puts, calls, | warrants, opt | ions, c | onvertible securities) | | |
| 1. Title of Der | ivative Secur | ty 2. D | ate Exercisable and 3. Title | and Amount of | f 4. | 5. | 6. Nature of Indirect | | |

| 1. Title of Derivative Security | vative Security 2. Date Exercisable and | | | 3. Title and Amount of | | 5. | 6. Nature of Indirect |
|---------------------------------|---|--------------------|-----------------------|----------------------------------|-------------|-------------|-----------------------|
| (Instr. 4) | Expiration D | ate | Securities Underlying | | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | | Derivative Security | | or Exercise | Form of | (Instr. 5) |
| | | | (Instr. 4) | | Price of | Derivative | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative | Security: | |
| | | | | | Security | Direct (D) | |
| | | | | | | or Indirect | |
| | | | | | | (I) | |

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per 0.5 response...

(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|--------------------|------------|----------------|-------|--|--|--|
| 1 9 9 1 1 1 1 1 1 1 1 1 | Director 10% Owner | | Officer | Other | | | |
| BROWN ERIK C C/O PIMCO 650 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660 | Â | Â | Vice President | Â | | | |
| Signatures | | | | | | | |
| /s/ Raulin Villegas, Attorney-in-Fact Brown | C. | 09/08/2014 | | | | | |
| **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).

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Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.