1

Beneficial Ownership

(Instr. 5)

Ownership

Derivative

Security:

Direct (D)

or Indirect

Form of

Conversion

or Exercise

Price of Derivative

Security

Goldman Sachs MLP Income Opportunities Fund Form 3 August 15, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

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)

(Instr. 4)

1. Name and A Person <u>*</u> Conn Al		eporting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Goldman Sachs MLP Income Opportunities Fund [GMZ]					
(Last)	(First)	(Middle)	08/14/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
200 WEST STREET (Street)				(Check all applicable)		6. Individual or Joint/Group			
NEW YOR	K, NYÂ	10282				ow)	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-Derivative Securities Beneficially Owned					
1.Title of Sec (Instr. 4)	urity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	*		
Shares of Beneficial Interest			0		D	Â			
Reminder: Re owned directly			ach class of securities benefic	cially S	SEC 1473 (7-02	2)			
	infor requ	mation cont ired to respo	pond to the collection of ained in this form are not ond unless the form disp MB control number.	t					
	Table II - De	erivative Secu	urities Beneficially Owned (e	e.g., puts, calls	, warrants, op	tions, c	convertible securities)		
1. Title of De	rivative Secu	rity 2. D	ate Exercisable and 3. Title	and Amount of	of 4.	5.	6. Nature of Indirect		

Securities Underlying

Amount or

Number of

Derivative Security

(Instr. 4)

Expiration Title

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

OMB AF	PROVAL
OMB Number:	3235-0104
Expires:	January 31, 2005
Estimated a burden hour	•
	0 5

response ... 0.5

Shares (I) (Ins

(Instr. 5)

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships					
		10% Owner	Officer	Other			
Conn Alison 200 WEST STREET NEW YORK, NY 10282	Â	Â	Chief Compliance Officer	Â			
Signatures							
/s/ Alison Conn 0	8/15/2014						
<u>**</u> 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.