Goldman Sachs MLP Income Opportunities Fund Form 3 July 30, 2015 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)

1. Name and Address of Reporting Person <u>*</u> Latham Michael Arthur	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)	07/23/2015	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
200 WEST STREET (Street) NEW YORK, NY 10282		(Check X_ Director Officer (give title below	Other	Owner	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 Bei	neficially Owned	
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
Shares of Beneficial Interest	0		D	Â		
Reminder: Report on a separate line for ea owned directly or indirectly.		. 51	EC 1473 (7-02	)		
information conta required to respo	pond to the collection of ained in this form are not and unless the form displ MB control number.	:				
Table II - Derivative Secu	rities Beneficially Owned (e.	.g., puts, calls,	warrants, opt	tions, co	onvertible securities)	

1. Title of Derivative Security	2. Date Exer	cisable and	3. Title and	Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date		Securities Underlying		Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year) Derivative Security		or Exercise	Form of	(Instr. 5)		
			(Instr. 4)		Price of	Derivative	
	D (	Б · ./·	T.'.1		Derivative	Security:	
	Date	Expiration	litte	Amount or	Security	Direct (D)	
	Exercisable Date	Numbe	Number of		or Indirect		

OMB APPROVAL

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Shares

(I) (Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
I O	Director	10% Owner	Officer	Other			
Latham Michael Arthur 200 WEST STREET NEW YORK, NY 10282	ÂX	Â	Â	Â			
Signatures							
/s/ Alison Conn, Attorney-in-fact	07/	29/2015					
**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.