| Edgar | Filina: | FIRST | TRUST | ABERDE | EN EME | RGING | OPPO | RTUNI | TY F | UND - | Form | 4 |
|-------|---------|-------|-------|--------|--------|-------|-------------|-------|------|-------|------|---|
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|---|---|----------------|---|--|---|--|------------------------------------|---|--|---------------------|--|--|
| | JST/ABERDEEN | EMERG | NG OP | PORTUN | ITY FU | ND | | | | | | |
| Form 4 October 27, | 2015 | | | | | | | | | | | |
| | | | | | | | | | OMB A | PPROVAL | | |
| FORM | / 4 UNITED | STATES | | RITIES A | | | NGE | COMMISSION | - | 3235-0287 | | |
| Check the check | nger | | | | | | | | Expires: | January 31, 2005 | | |
| if no longer subject to Section 16. Form 4 or | | | | | | VNERSHIP OF | Estimated average burden hours per | | | | | |
| Form 5 | | suant to S | ection | 16(a) of th | ne Securi | ties E | xchan | nge Act of 1934, | response | . 0.5 | | |
| obligatio may cor <i>See</i> Inst 1(b). | ons Section 17(| a) of the I | Public U | | ding Cor | npany | y Act | of 1935 or Sectio | on | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Tan Charles | | | 2. Issuer Name and Ticker or Trading Symbol FIRST TRUST/ABERDEEN | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | EMER FUND | GING OP [FEO] | PORTU | NITY | | Director | | % Owner | | |
| (Last) | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | Officer (give title X Other (specify below) Officer-Investment Sub-Advisor | | | | | | |
| 1735 MAR FLOOR | KET STREET, 3 | 2ND | 09/24/2 | - | | | | officer-in | vestment Sub-7 | uvisor | | |
| | (Street) | | | endment, Day/Yea | | ıl | | 6. Individual or J Applicable Line) | oint/Group Fili | ng(Check | | |
| PHILADE | LPHIA, PA 19103 | 3 | | | | | | _X_ Form filed by Form filed by Person | One Reporting P More than One R | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-I | Derivative | Secur | ities A | cquired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | 4. Securit nAcquired Disposed (Instr. 3, 4 | (A) or of (D) | | Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect | | |
| D | | | | Code V | | (D) | Price | (Instr. 3 and 4) | | | | |
| Reminder: Re | port on a separate line | e for each cla | ass of sec | urities benet | ficially ow | ned dir | rectly o | or indirectly. | | | | |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | of Deri Secu Acqu (A) Disp of (I | orNumber Expiration Date | | ate | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|--|--------------------------|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | ŕ | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------------|---------|--------------------------------|------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Tan Charles 1735 MARKET STREET 32ND FLOOR PHILADELPHIA, PA 19103 | | | | Officer-Investment Sub-Advisor | | | | |
| Signatures | | | | | | | | |
| /s/ Charles Tan, by Kristi A. M Attorney | 10/27/2015 | | | | | | | |
| <u>**</u> S | ignature of R | eporting Person | | | Date | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(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.