

PCM FUND, INC.  
Form 3  
April 29, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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

**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)

<p>1. Name and Address of Reporting Person *</p> <p>MOORE E BLAKE JR</p> <p>(Last) (First) (Middle)</p> <p>C/O ALLIANZ EQUITY ADVISORS, 1345 AVE OF THE AMERICAS</p> <p>(Street)</p> <p>NEW YORK, NY 10105</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>04/24/2008</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>PCM FUND, INC. [PCM]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Affiliated Person</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input type="checkbox"/> Form filed by One Reporting Person</p> <p><input checked="" type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	--	--	---	--

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

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

Shares  
or Indirect  
(I)  
(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MOORE E BLAKE JR C/O ALLIANZ EQUITY ADVISORS 1345 AVE OF THE AMERICAS NEW YORK, NY 10105	^	^	^	Affiliated Person
WHITTINGTON MARNA C 2959 BARLEY MILL ROAD YORKLAND, DE 19736	^	^	^	Affiliated Person
Meyers Andrew 2187 ATLANTIC AVENUE, 7TH FLOOR STAMFORD, CT 06902	^	^	^	Affiliated Person
Claussen Barbara R 2121 SAN JACINTO, SUITE 1840 DALLAS, TX 75201	^	^	^	Affiliated Person
Frank Udo RCM CAPITAL MANAGEMENT LLC 4 EMBARCADERO CENTER, 28TH FLOOR SAN FRANCISCO, CA 94111	^	^	^	Affiliated Person
KOEPPGEN BRUCE L 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	^	^	^	Affiliated Person

## Signatures

Lagan Srivastava, Attorney in fact for Ms. Whittington, Ms. Claussen and Messrs. Frank, Koepfgen, Meyers and Moore

04/29/2008

\_\_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).

^

### Remarks:

Allianz Global Investors Fund Management LLC (AGIFM) is the investment manager of the Issuer 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.