See separate instru	ctions.
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## Part I Reporting Issuer

1 Issuer's name				2 Issuer's employer identification number (EIN)		
ECOFIN GLOBAL RENEWABLES INFRASTRUCTURE FUND					85-0816813	
3	Name of contact for add	ditional information	4 Telephon	e No. of contact		5 Email address of contact
INV	ESTOR SERVICES REP	PRESENTATIVES		1-855-792-3863		
6	6 Number and street (or P.O. box if mail is not delivered to street address) of contact		t	7 City, town, or post office, state, and ZIP code of contact		
ON	E FREEDOM VALLEY D	RIVE				DAKS, PA 19456
-	Date of action		9 Class	ification and description		
٩F	E ATTACHED STATEME	INT		ABLE RETURN OF CA		
	CUSIP number	<b>11</b> Serial number(s		12 Ticker symbol		13 Account number(s)
P	SEE ATTACHED art II Organizatio	N/A	h additional	SEE ATTACHED statements if needed	See back	of form for additional questions.
14						st which shareholders' ownership is measured for
	-				-	NDS DURING FISCAL YEAR ENDED
NO						A NON-TAXABLE RETURN OF CAPITAL
						FOR DETAILED INFORMATION.
15	Describe the quantitat	ive effect of the orga	nizational act	ion on the basis of the s	ecurity in th	e hands of a U.S. taxpayer as an adjustment per
	share or as a percenta	are of old basis 🕨 🛨				

share or as a percentage of old basis THE AMOUNT SHOWN AS RETURN OF CAPITAL DISTRIBUTION IN THE ATTACHED STATEMENT REPRESENTS A REDUCTION OF THE SHAREHOLDERS' TAX BASIS ON SHARES HELD.

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► <u>SEE ATTACHED FOR PER SHARE INFORMATION. THE RATE WAS DETERMINED IN ACCORDANCE WITH</u>
 IRC SECTIONS 301 & 306.

18 Can any resulting loss be recognized? ► NOT APPLICABLE TO THIS TRANSACTION. NO LOSS WOULD BE RECOGNIZED ON THE RETURN OF CAPITAL DISTRIBUTIONS. THE SHAREHOLDER'S COST BASIS SHOULD BE ADJUSTED TO REFLECT THE RETURN OF CAPITAL DISTRIBUTION WHICH MAY AFFECT REALIZED GAIN OR LOSS UPON DISPOSITION OF THE SHARES.  19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► THE INFORMATION RROVIDED HEREIN WILL BE PROVIDED TO EACH SHAREHOLDER ON THEIR 2024 FORM 1099 DIV STATEMENT, BOX 3, OR TO THE PARTY PREPARING FORM 1099DIV ON BEHALF OF THE FUND.	Part	Organizational Action (continued)
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	Print y	your name ► JOHN BOURGEOIS		Title ASSISTA	NT TREASURER	
Paid Prepai	rer	Print/Type preparer's name	Preparer's signature	Date	Check if employed	
Use O		Firm's name 🕨			Firm's EIN 🕨	
	· <b>y</b>	Firm's address 🕨			Phone no.	
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054						