

Morgan Stanley China A Share Fund, Inc.
 Form 3
 September 28, 2006

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

OMB APPROVAL

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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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Bowman Frank L		(Month/Day/Year)	Morgan Stanley China A Share Fund, Inc. [CAF]	
(Last)	(First)	(Middle)	09/27/2006	
1221 AVENUE OF THE AMERICAS,Â 5TH FLOOR			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
NEW YORK,Â NYÂ 10020			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input type="checkbox"/> Form filed by One Reporting Person	
			<input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

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)
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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) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bowman Frank L 1221 AVENUE OF THE AMERICAS 5TH FLOOR NEW YORK, NY 10020	â X	â	â	â
BOZIC MICHAEL C/O MORGAN STANLEY 1221 AVE OF THE AMERICAS - 5TH FLOOR NYC, NY 10020	â X	â	â	â
Dennis Kathleen A 1221 AVENUE OF THE AMERICAS 5TH FLOOR NEW YORK, NY 10020	â X	â	â	â
GARN EJ JAKE C/O MORGAN STANLEY 1221 AVE OF THE AMERICAS - 5TH FLOOR NYC, NY 10020	â X	â	â	â
HEDIEN WAYNE E C/O MORGAN STANLEY 1221 AVE OF THE AMERICAS - 5TH FLOOR NYC, NY 10020	â X	â	â	â
JOHNSON MANUEL H C/O MORGAN STANLEY 1221 AVE OF THE AMERICAS - 5TH FLOOR NYC, NY 10020	â X	â	â	â
KEARNS JOSEPH J C/O MORGAN STANLEY 1221 AVE OF THE AMERICAS - 5TH FLOOR NYC, NY 10020	â X	â	â	â
Klein Michael F 1221 AVENUE OF THE AMERICAS 5TH FLOOR NEW YORK, NY 10020	â X	â	â	â
REED W ALLEN C/O MORGAN STANLEY 1221 AVE OF THE AMERICAS - 5TH FLOOR NYC, NY 10020	â X	â	â	â
REID FERGUS MORGAN STANLEY INVESTMENT MANAGEMENT 1221 AVE. OF THE AMERICAS - 22ND FLOOR	â X	â	â	â

NEW YORK, NY 10020

Signatures

/s/ Mary E.

09/28/2006

Mullin

**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).

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.