FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235- 0104						
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* ALLIANCEBERNSTEIN L.P. 2. Date of Event Requiring Statement (Month/Day/Year) 02/23/2024 3. Issuer Name and Ticker or Trading Symbol AB CarVal Credit Opportunities Fund [NONE]]		
(Last) (First) (Middle) 501 COMMERCE STREET	= 02/25/2024		4. Relationship of Reporting Person(s Issuer (Check all applicable) Director X 10% COMMITTEE (Give X Others)		Fil Owner 6.	If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line)		
(Street) NASHVILLE TN 37203	,		title below) See Rema	below)		Person	by One Reporting by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Shares of beneficial interest			4,168,580.78	I)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ite	Underlying Derivative Security Conversion (Instr. 4)		Conversion or Exercise	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

Affiliate of the Investment Adviser

/s/ Taylor K. Wilkins, Assistant Secretary

02/23/2024

** Signature of Reporting

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.