Evergreen Global Dividend Opportunity Fund Form 3 March 27, 2007 FORM 3

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

## **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

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

(Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>ANGELOS JAMES F  | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year) | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Evergreen Global Dividend Opportunity Fund [EOD]                           |  |  |  |  |
|---|---|--|--|--|--|--|
| (Last)(First)(Middle)C/O EVERGREEN<br>INVESTMENTS, 200<br>BERKELEY ST<br>(Street)(Street)   | 03/27/2007  | 4. Relationship of Reporting Person(s) to Issuer  5. If Amendment, Date Original Filed(Month/Day/Year)    (Check all applicable) |  |  |  |  |
| (City) (State) (Zip)  | Table I - Non-Derivative Securities Beneficially Owned      |  |  |  |  |  |
| 1.Title of Security<br>(Instr. 4)   | 2. Amount o<br>Beneficially<br>(Instr. 4)                   |  |  |  |  |  |
| Reminder: Report on a separate line for e owned directly or indirectly.   | ach class of securities benefic                             | ially SEC 1473 (7-02)  |  |  |  |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number. |   |  |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  |   |  |  |  |  |  |

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

| Shares | or Indirect |
|--------|-------------|
|        | (I)         |
|        | (Instr. 5)  |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>  |            | Relationships |           |                                |       |  |  |
|--|------------|---------------|-----------|--------------------------------|-------|--|--|
|  |            | Director      | 10% Owner | Officer                        | Other |  |  |
| ANGELOS JAMES F<br>C/O EVERGREEN INVESTMENTS<br>200 BERKELEY ST<br>BOSTON, MA 02116-5034 |            | Â             | Â         | Chief<br>Compliance<br>Officer | Â     |  |  |
| Signatures   |            |               |           |                                |       |  |  |
| James F.<br>Angelos  | 03/27/2007 |               |           |                                |       |  |  |
| <u>**</u> 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.