

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2009-01-26** | Period of Report: **2009-01-22**  
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### ISSUER

**DWS RREEF World Real Estate & Tactical Strategies Fund, Inc.**

Mailing Address  
345 PARK AVENUE  
NEW YORK NY 10154-0004

Business Address  
345 PARK AVENUE  
NEW YORK NY 10154-0004  
212-454-6778

CIK: **1395999** | IRS No.: **000000000** | State of Incorporation: **MD** | Fiscal Year End: **1231**

### REPORTING OWNER

**Goldman David M**

Mailing Address  
C/O ANJIE LAROCCA,  
DEUTSCHE ASSET MGMT  
345 PARK AVENUE  
NEW YORK NY 10154

Business Address  
212-454-6856

CIK: **1369366**  
Type: **3** | Act: **34** | File No.: **811-22046** | Film No.: **09545456**

**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

|                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                                                                                                                         |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Name and Address of Reporting Person<br><br><u>Goldman David M</u><br><br>(Last) (First) (Middle)<br><br><u>C/O ANJIE LAROCCA, DEUTSCHE<br/>ASSET MGMT, 280 PARK AVENUE, 6W</u><br><br>(Street)<br><br><u>NEW YORK, NY 10017</u><br><br>(City) (State) (Zip) | 2. Date of Event Requiring<br>Statement (Month/Day/<br>Year)<br><br><u>01/22/2009</u> | 3. Issuer Name and Ticker or Trading Symbol<br><br><u>DWS RREEF World Real Estate &amp; Tactical Strategies Fund, Inc.</u><br><u>[DRP]</u>                                                                                                                                                              |                                                          |
|                                                                                                                                                                                                                                                                 |                                                                                       | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify<br>below)<br><br><u>Section 16 Officer</u> | 5. If Amendment, Date Original Filed<br>(Month/Day/Year) |
|                                                                                                                                                                                                                                                                 |                                                                                       | 6. Individual or Joint/Group Filing<br>(Check applicable line)<br><input checked="" type="checkbox"/> Form Filed by One Reporting<br>Person<br><input type="checkbox"/> Form Filed by More than One<br>Reporting Person                                                                                 |                                                          |
|                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                                                                                                                         |                                                          |

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

| 1. Title of Security (Instr. 4) | 2. Amount of Securities<br>Beneficially Owned (Instr. 4) | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|
| <u>Common</u>                   | <u>0</u>                                                 | <u>D</u>                                                          |                                                       |

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

**Signatures**

David Goldman

\*\* Signature of Reporting Person

01/26/2009

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 4 (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.**