Edgar Filing: FORD GOLDFARB MAUREEN R - Form 4

FORD GOLDFARB MAUREEN R

Form 4 July 20, 2010

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Number:

Sanuary 31,
Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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(b).

TRUST

(Print or Type Responses)

1. Name and Address of Reporting Person * FORD GOLDFARB MAUREEN R				2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer				
				MFS HIGH INCOME MUNICIPAL TRUST [CXE]					AL	(Check all applicable)				
(Last)	(First)	(Middle)	(Month/Day/Y	liest Transaction Year)					_X Director 10% Owner Officer (give title Other (specify below)				
101 HUNTINGTON AVE			07/19/2010											
	(Street)			4. If Amendment, Date Original					6.	6. Individual or Joint/Group Filing(Check				
					· · · · · · · · · · · · · · · · · · ·						Applicable Line)			
									_2	_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
BOSTON, MA	02199								Pe	erson	ne than one rep	Jording		
(City)	(State)	(Zip)		Table I -	Non-De	riv	ative Secu	urities	Acquir	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security			2A. I	Deemed	3.					5. Amount of	6.	7. Nature of		
(Instr. 3)	any			cution Date, if	` ' ' .					Securities	Form: Benefic	Indirect		
			nth/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	Ownership				
			((-,	(,		-,	Following	or Indirect	(Instr. 4)		
								(A)		Reported	(I)			
								or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
MFS HIGH					Code	V	Amount	(D)	Price	,				
INCOME									¢					
MUNICIPAL	07/19/201	.0			P		1,375	A	\$ 5.08	1,375	D			
TRUST									5.00					
MFS HIGH														
INCOME		_							\$					
MUNICIPAL	07/19/201	0			P		800	A	5.06	2,175	D			

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

Persons who respond to the collection of information contained in this form are not (9-02)

Edgar Filing: FORD GOLDFARB MAUREEN R - Form 4

required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amoun	nt of	Derivative	Deriv
or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
Derivative				Securities			(Instr. 3	3 and 4)		Owne
Security				Acquired						Follo
				(A) or						Repo
				Disposed						Trans
				of (D)						(Instr
				(Instr. 3,						
				4, and 5)						
								Amount		
					Date	Expiration				
					Exercisable	Date				
			Code V	(A) (D)						
	Conversion or Exercise Price of Derivative	Conversion (Month/Day/Year) or Exercise Price of Derivative	Conversion (Month/Day/Year) Execution Date, if or Exercise any Price of (Month/Day/Year) Derivative	Conversion (Month/Day/Year) Execution Date, if Transaction or Exercise any Code Price of (Month/Day/Year) (Instr. 8) Derivative Security	Conversion (Month/Day/Year) Execution Date, if TransactionNumber or Exercise any Code of Price of (Month/Day/Year) (Instr. 8) Derivative Security Acquired (A) or Disposed of (D) (Instr. 3,	Conversion or Exercise any Code of (Month/Day/Pear) Price of (Month/Day/Year) Derivative Security Code of (Month/Day/Pear) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Exercisable	Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year) Price of (Month/Day/Year) (Instr. 8) Derivative Security Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Date Expiration Date Code of (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amour or Exercise any Code of (Month/Day/Year) Underly Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 5) Derivative Securities (Instr. 7) Derivative (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Date Amour Code of (Month/Day/Year) Underly Securities (Instr. 7) Date Expiration Exercisable Date Title	Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year) Underlying Code of (Month/Day/Year) Underlying Securities Price of (Month/Day/Year) (Instr. 8) Derivative Security Securities Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Date Amount of (Month/Day/Year) Underlying Securities Securities (Instr. 3 and 4) Amount of (Month/Day/Year) Underlying Securities Securities Faction Date Expiration Date Amount of (Month/Day/Year) Underlying Securities Securities Faction Date Expiration Date Expiration Date Or Number of	Conversion of Month/Day/Year)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FORD GOLDFARB MAUREEN R 101 HUNTINGTON AVE BOSTON, MA 02199

X

Signatures

Susan S. Newton, By Power of Attorney 07/20/2010

**Signature of Reporting Person Date

Explanation of Responses:

- * 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. 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.

Reporting Owners 2