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MFS INVESTMENT GRADE MUNICIPAL TRUST

Form 4 April 06, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549 Number:

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

STATEMENT OF CHANGES IN 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

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

CITIGROUP INC

(Last) (First) (Middle)

388 GREENWICH STREET

(Street)

(State)

(Zip)

2. Issuer Name and Ticker or Trading

Symbol

MFS INVESTMENT GRADE MUNICIPAL TRUST [CXH]

3. Date of Earliest Transaction (Month/Day/Year) 03/24/2016

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

below)

Director

Officer (give title

Issuer

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

X 10% Owner Other (specify

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

NEW YORK, NY 10013

						•		•	,	•
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ties Acq	uired	5. A	mount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	on(A) or Di	sposed of	of (D)	Secu	rities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and 5))	Bene	eficially	Form:	Beneficial
		(Month/Day/Year)	(Instr. 8)				Own	ed	Direct (D)	Ownership
							Follo	owing	or Indirect	(Instr. 4)
							Repo	orted	(I)	
					(A)		Tran	saction(s)	(Instr. 4)	
					or	.	(Inst	r. 3 and 4)		
			Code V	Amount	(D)	Price	`	Í		
Variable										

(City)

Rate Municipal

Term

Preferred Shares

Series 2016/9

03/24/2016

J(1)1,917 D

I

By Subsidiary

OMB APPROVAL

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

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 required to respond unless the form

SEC 1474 (9-02)

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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)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerc Expiration D		7. Title		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(World Day Tear)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/		Underl Securit	lying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CITIGROUP INC							
388 GREENWICH STREET		X					
NEW YORK, NY 10013							

Signatures

Citigroup Inc., By: /s/ Ali L. Karshan, Assistant
Secretary

04/06/2016

**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).
- (1) These Variable Rate Municipal Term Preferred Shares of CUSIP 59318B306 were called for redemption by the issuer.
- (2) These shares of CUSIP 59318B306 are beneficially owned by Citibank, N.A.("Citibank"). Citicorp is the sole stockholder of Citibank. Citigroup Inc. is the sole stockholder of Citicorp.

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.

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