### 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

subject to Section 16. Form 4 or

**SECURITIES** 

Estimated average burden hours per response... 0.5

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).

(Last)

(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

(First)

(Street)

MFS GOVERNMENT MARKETS

**INCOME TRUST [MGF]** 

(Check all applicable)

101 HUNTINGTON AVE

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

4. If Amendment, Date Original

below)

10% Owner Other (specify

07/19/2010

(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)

Officer (give title

Director

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

**BOSTON, MA 02199** 

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

(Middle)

3. Execution Date, if

4. Securities Acquired 5. Amount of Transaction(A) or Disposed of (D) Code

(Instr. 8) (Instr. 3, 4 and 5)

Securities Beneficially

Owned

7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership (Instr. 4)

(A)

Following Reported Transaction(s)

or Indirect (I) (Instr. 4)

or Code V Amount (D) Price

(Instr. 3 and 4)

**MFS** 

**GOVERNMENT** 

**MARKETS INCOME** 

07/19/2010

P 1,465

1.465

D

**TRUST** 

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 displays a currently valid OMB control number.

SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities Acquired			(Instr. 3	3 and 4)		Own
	Security										Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
					Date	Date	Expiration	Or Title Nesselves			
						Exercisable Date	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

FORD GOLDFARB MAUREEN R 101 HUNTINGTON AVE **BOSTON, MA 02199** 

**Signatures** 

Susan S.Newton, By Power of Attorney

07/20/2010

\*\*Signature of Reporting Person

Date

X

# **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.

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