### Edgar Filing: MFS INTERMEDIATE INCOME TRUST - Form N-23C-1

### MFS INTERMEDIATE INCOME TRUST

Form N-23C-1 August 08, 2003

To: Securities and Exchange Commission, Washington, D.C.

Statement of registered closed-end investment company with respect to purchases of its own securities pursuant to Rule N23C-1 during the last calendar month.

### **MFS Intermediate Income Trust - MIN**

Report of the calendar month ending July 31, 2003:

Date	Identification of Security	Shares Repurchased	Repurchase Price	NAV	Broker
		No repurchases			

Total Shares Repurchased: (none)

Remarks? (none)

Robert Flaherty, Assistant Treasurer MFS Investment Management XCHANGE COMMISSION Washington, D.C. 20549

#### 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

#### OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

(Print or Type Responses)

(Print or Type Responses)					
1. Name and Address of Reporting Person * LEVY MICHAEL J	2. Issuer Name <b>and</b> Ticker or Trading Symbol INTEGRAMED AMERICA INC [INMD]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle)  INTEGRAMED AMERICA, INC., TWO MANHATTANVILLE ROAD	3. Date of Earliest Transaction (Month/Day/Year) 05/13/2008	Director 10% Owner Officer (give titleX Other (specify below) Advisory Director			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PURCHASE, NY 10577-2100		Form filed by More than One Reporting Person			

## Edgar Filing: MFS INTERMEDIATE INCOME TRUST - Form N-23C-1

(City)	(State)	(Zip) Table	e I - Non-D	erivative Secur	ities Acc	quired, Disposed	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any		3. Transaction Code (Instr. 8)	4. Securities A on(A) or Dispose (D) (Instr. 3, 4 and	ed of	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
		(Month/Day/Year)	Code V	(A) or Amount (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	05/13/2008		A(1)	1,656 A	\$ 9.06	55,100	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 3	ction	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)
			Code	v	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Relationships

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LEVY MICHAEL J							
INTEGRAMED AMERICA, INC.				Advisory			
TWO MANHATTANVILLE ROAD				Director			
PURCHASE, NY 10577-2100							

# **Signatures**

MichaelJLevy,	
M.D.	05/15/2008

Reporting Owners 2

## Edgar Filing: MFS INTERMEDIATE INCOME TRUST - Form N-23C-1

\*\*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) Grant of restricted stock as part of director compensation

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.

Signatures 3