## OATES JAMES M Form 3 December 11, 2012 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB 2025 OMB

## 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

### (Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>OATES JAMES M |                          |   | <ul><li>2. Date of Event Requiring<br/>Statement</li><li>(Month/Day/Year)</li></ul> |   | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>JOHN HANCOCK INVESTORS TRUST [JHI]         |  |       |  |  |
|--|--------------------------|---|---|---|--|--|-------|--|--|
| (Last)   | (First)                  | (Middle)                                    | 12/01/2012  |   | 4. Relationship of Reporting Person(s) to Issuer   |  |       | 5. If Amendment, Date Original Filed(Month/Day/Year)   |  |
| C/O JOHN I<br>FUNDS, 6   |                          |   |   |   | (Check   | all applicable)  |       |  |  |
| (Street)<br>BOSTON, MA 02210   |                          |   |   |   | Director 10% Own<br>Officer X_Other<br>(give title below) (specify below)<br>Trustee of the Fund |  | ſ     | r<br>6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person<br>Form filed by More than One |  |
| (City)   | (State)                  | (Zip)                                       | Т   | fable I - N                                 | on-Derivat   | ive Securiti   | es Be | Reporting Person<br>neficially Owned   |  |
| 1.Title of Secu<br>(Instr. 4)  | rity                     |   | 2<br>1  | 2. Amount of<br>Beneficially (<br>Instr. 4) | Securities   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) |       | ture of Indirect Beneficial<br>rship   |  |
| common shares of beneficial interest 497                             |                          |   | 497   |   | D  | Â  |       |  |  |
| Reminder: Rep<br>owned directly                                      |                          |   | ach class of securi   | ities benefici                              | <sup>ally</sup> SI   | EC 1473 (7-02  | )     |  |  |
|  | Perso<br>inforr<br>requi | ons who res<br>nation conta<br>red to respo | pond to the col<br>ained in this fo<br>ond unless the<br>MB control num             | rm are not<br>form displa                   |  |  |       |  |  |

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

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.         | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership  | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of    | (Instr. 5)            |
|                                 |                         | (Instr. 4)             | Price of    | Derivative |                       |
|                                 |                         |                        | Derivative  | Security:  |                       |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

### Edgar Filing: OATES JAMES M - Form 3

| Date<br>Exercisable | Expiration 7<br>Date | Title | Amount or<br>Number of | Security | Direct (D)<br>or Indirect |
|---------------------|----------------------|-------|------------------------|----------|---------------------------|
|                     |                      |       | Shares                 |          | (I)<br>(Instr. 5)         |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |                     |  |  |
|--|---------------|-----------|---------|---------------------|--|--|
|  | Director      | 10% Owner | Officer | Other               |  |  |
| OATES JAMES M<br>C/O JOHN HANCOCK FUNDS<br>601 CONGRESS STREET<br>BOSTON, MA 02210 | Â             | Â         | Â       | Trustee of the Fund |  |  |
| Signatures   |               |           |         |                     |  |  |
| /s/ James M.<br>Oates 12/09  | /2012         |           |         |                     |  |  |
| <sup>**</sup> Signature of D<br>Reporting Person                                   | ate           |           |         |                     |  |  |

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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.