Edg	ar Filing: NUVE	EEN MAS	SACHL	JSETT	S	PREMI	UM I	NCOME	MUNICIPAL F	-UND - Foi	rm 4	
Form 4	ASSACHUSET	TS PREM	IIUM IN	ICOMI	ΞN	AUNICI	PAL	FUND				
January 07, 2015 FORM 4 UNITED STATES SECURITIES ANI Washington, D.								ANGE CO	OMB APPROVAL OMB 3235-02 Number:			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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)												
FELS GERALD Symbol NUVE PREMI								TS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner			
			e of Earliest TransactionOfficer (give title h/Day/Year) 5/2014							r (specify		
				onth/Day/Year) Applicable Line) Form filed by O					oint/Group Filing(Check One Reporting Person More than One Reporting			
(City)												
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)		ed 3. 4. Securities Acquired (A) 5. Amount of Date, if Transactionor Disposed of (D) Securities Code (Instr. 3, 4 and 5) Beneficially (A) Following Reported Transaction				Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Shares	11/25/2014			Р		850	A	\$ 13.3521 (3)	210,025 <u>(1)</u>	I	By spouse	
Common Shares	11/26/2014			Р		2,386	А	\$ 13.1337 (3)	1,325,698 <u>(2)</u>	D		
Common Shares	11/28/2014			Р		100	A	\$ 13.19 (3)	1,325,798 (2)	D		

Р

259

Common

Shares

12/11/2014

A \$ 1,326,057 (2) D

13.1004

					(3)	
Common Shares	12/12/2014	Р	6,500	А	\$ 13.1409 (3)	1,332,557 <u>(2)</u> 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 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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Amou Under Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
FELS GERALD 271 THOMPSON ROAD WEBSTER, MA 05170		Х							
Fels Marilyn 271 THOMPSON ROAD WEBSTER, MA 05170		Х							
Signatures									
/s/ Gerald Fels	01/07/2015								
**Signature of Reporting Person	Date								
/s/ Marilyn Fels	01/07/2015								
**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 shares are owned directly by Marilyn Fels. Gerald Fels disclaims beneficial ownership of the shares listed here except to the extent of his pecuniary interest therein.
- (2) These shares are owned directly by Gerald Fels. Except with respect to 1,200,000 shares of which are jointly owned by Gerald and Marilyn Fels, Marilyn Fels disclaims beneficial ownership of these shares except to the extent of her pecuniary interest therein.
- (3) Price includes commission paid to brokers. The reporting persons undertake to provide NMT, any security holder of NMT, or the staff of the Securities and Exchange Commission, upon request, full information regarding the amount of commissions paid.

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.