

FEDERATED PREMIER MUNICIPAL INCOME FUND  
 Form 3  
 July 30, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**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 Person \* 2. Date of Event  
 Requiring Statement  
 Van Meter Stephen (Month/Day/Year)  
 07/30/2015  
 (Last) (First) (Middle)

3. Issuer Name and Ticker or Trading Symbol  
 FEDERATED PREMIER MUNICIPAL INCOME  
 FUND [FMN]

4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date Original  
 Filed(Month/Day/Year)

FEDERATED INVESTORS  
 TOWER, 1001 LIBERTY  
 AVENUE

(Check all applicable)

\_\_\_ Director \_\_\_ 10%  
 Owner  
 Officer \_\_\_ Other  
 (give title below) (specify below)  
 Chief Compliance Officer

6. Individual or Joint/Group  
 Filing(Check Applicable Line)  
 Form filed by One Reporting  
 Person  
 \_\_\_ Form filed by More than One  
 Reporting Person

(Street)  
 PITTSBURGH, PA 15222-3779  
 (City) (State) (Zip)

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	-------------------------------------------------------------	-------------------------------------------------------------------------	-------------------------------------------------------------

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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

Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
---------------------	--------------------	----------------------------------	----------------------------------

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Van Meter Stephen FEDERATED INVESTORS TOWER 1001 LIBERTY AVENUE PITTSBURGH, PA 15222-3779	Â	Â	Â Chief Compliance Officer	Â

## Signatures

/s/ Clair E. Pagnano By Power of Attorney 07/30/2015

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

### No securities are beneficially owned

\* 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.