Edgar Filing: DWYER MARIA F - Form 4

DWYER M	ARIA F										
Form 4											
July 02, 201	2										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OND	3235-0287		
Check t	his box		Wa	shington	, D.C. 20	549		Number:	January 31,		
if no longer				NCES IN DENEELCIAL OWNEDSHID OF				Expires:	2005		
subject	10		r Cha	CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated	Estimated average		
Section Form 4				SECONTIES					burden hours per response 0.5		
Form 5		oursuant to	Section	16(a) of th	ne Securiti	ies Excha	nge Act of 1934,		. 0.0		
obligatio	ons Section 1						of 1935 or Secti				
may cor <i>See</i> Inst		30(h)	of the I	nvestmen	t Compan	y Act of 1	940				
1(b).											
(Print or Type	Responses)										
1 Name and	Address of Reporti	ng Person *	2.1	N	J.T.' J /	T. 1'	5 Relationshin	of Reporting Pe	rson(s) to		
DWYER M			2. Issuer Name and Ticker or Trading Symbol MFS INTERMEDIATE HIGH INCOME FUND [CIF]			5. Relationship of Reporting Person(s) to Issuer					
						(Check all applicable)					
(Last)	(First)	(Middle)		of Earliest T			Director	104	% Owner		
(Eust)	(1150)	(initiality)		Day/Year)	ransaction		X Officer (gi	ve title Oth	ner (specify		
MFS INVE	ESTMENT		12/31/	-			below)	below) ident of the Fun	de		
MANAGE	MENT, 500 BC	OYLSTON					1103				
STREET											
	(Street)		4. If An	endment, D	ate Original		6. Individual or	Joint/Group Fili	ng(Check		
			Filed(Month/Day/Year)			Applicable Line)					
							X Form filed by Form filed by	y One Reporting P More than One R			
BOSTON,	MA 02116						Person	More than one h	oporting		
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative S	Securities A	cquired, Disposed	of. or Beneficia	llv Owned		
1.Title of	2. Transaction Da	te 24 Deen		3.	4. Securiti		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year				nAcquired (Securities	Form: Direct	Indirect		
(Instr. 3)	any		Code Disposed of (D)			of (D)	Beneficially	(D) or Indirect	Beneficial		
		(Month/D	ay/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned Following	(I) (Instr. 4)	Ownership (Instr. 4)		
							Reported	(11150.4)	(IIIsu: 4)		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate l	ine for each c	lass of sec	urities bene	ficially own	ed directly of	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	TransactionNumber Expiration Code of (Month/D			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date	Expiration	Title	Amount		
						Exercisable	Date		or Number of Shares		
Repo	rting O	wners									

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DWYER MARIA F MFS INVESTMENT MANAGEMENT 500 BOYLSTON STREET BOSTON, MA 02116			President of the Funds				
Signatures							
Susan S. Newton, By Power of Attorney	07/0)2/2012					
**Signature of Reporting Person	I	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).

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.