Adams William Form 3 September 01, 2011 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number: **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires:

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 <u>*</u> Adams William	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol MFS INTERMEDIATE HIGH INCOME FUND [CIF]					
(Last) (First) (Middle	09/01/2011	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
500 BOYLSTON STREET							
(Street)		Director10% Owner OfficerXOther (give title below) (specify below) Advisor Officer		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
BOSTON, MA 02116							
(City) (State) (Zip)	Table I - I	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned Own Form Dire or In (I)	nership Own	ture of Indirect Beneficial ership :. 5)			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)							
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
(Instr. 4)	Expiration Date Securit	ies Underlying (tive Security (4) H	or Exercise F Price of D Derivative S	. 6. Nature of Indirect Beneficial Ownership orm of (Instr. 5) Derivative ecurity:			

Exercisable Date

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

Title

3235-0104

January 31,

Estimated average burden hours per

response...

2005

0.5

Reporting Owners

Reporting Owner Name / Address	Relationships				
1 0	Director	10% Owner	Officer	Other	
Adams William 500 BOYLSTON STREET BOSTON, MA 02116	Â	Â	Â	Advisor Officer	
Signatures					
Susan S. Newton, By Power of Attorney	09/01/2011				
**Signature of Reporting Person		Dat	ie		

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.