#### Cadogan Sheila Form 3 July 17, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

#### **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. Title of (Instr. 4)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>Cadogan Sheila                    |   |  | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)  | 3. Issuer Name and Ticker or Trading Symbol<br>DEUTSCHE MUNICIPAL INCOME TRUST [LBF]  |  |                           |   |  |
|--|---|--|--|---|--|---------------------------|---|--|
| (Last)   | (First)                                   | (Middle)                                   | 07/12/2017   | 4. Relationship of Reporting Person(s) to Issuer  |  |                           | 5. If Amendment, Date Original<br>Filed(Month/Day/Year) |  |
| C/O ANJIE LAROCCA,<br>DEUTSCHE BANK, 60<br>WALL STREET<br>(Street)<br>NEW YORK, NY 10005 |   |  |  | (Check all applicable)<br>Director 10% Owner<br>X_ Officer Other<br>(give title below) (specify below)<br>Assistant Treasurer |  | Owner                     | · · /   |  |
| (City)   | (State)                                   | (Zip)                                      | Table I - Non-Derivative Securities Beneficially Owned   |   |  |                           |   |  |
| 1.Title of Secu<br>(Instr. 4)  | rity                                      |  | 2. Amount o<br>Beneficially<br>(Instr. 4)  |   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr. | •   |  |
| Reminder: Rep<br>owned directly  | or indirectly<br>Perso<br>inforr<br>requi | ons who res<br>nation cont<br>red to respo | ach class of securities benefic<br>spond to the collection of<br>ained in this form are not<br>ond unless the form displ<br>MB control number. | t s   | EC 1473 (7-02  | )                         |   |  |
| Т  | able II - De                              | rivative Secu                              | rities Beneficially Owned (e   | g, nuts, calls.   | warrants, ont  | ions. co                  | onvertible securities)                                  |  |

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

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Expires:

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Estimated average burden hours per

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| Shares | or Indirect |
|--------|-------------|
|        | (I)         |
|        | (Instr. 5)  |

# **Reporting Owners**

| Reporting Owner Name / Address  |            |           | Relationships       |       |  |  |  |  |
|---|------------|-----------|---------------------|-------|--|--|--|--|
|   | Director   | 10% Owner | Officer             | Other |  |  |  |  |
| Cadogan Sheila<br>C/O ANJIE LAROCCA,<br>60 WALL STREET<br>NEW YORK, NY 10 | Â          | Â         | Assistant Treasurer | Â     |  |  |  |  |
| Signatures  |            |           |                     |       |  |  |  |  |
| Sheila Cadogan  | 07/17/2017 |           |                     |       |  |  |  |  |
| **Signature of<br>Reporting Person  | Date       |           |                     |       |  |  |  |  |
| Explanation of  | Bosnonsos  |           |                     |       |  |  |  |  |

## 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.