## Edgar Filing: PUTNAM PREMIER INCOME TRUST - Form 4

PUTNAM PREMIER INCOME TRUST Form 4 April 09, 2014 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading KOHLI D WILLIAM Issuer Symbol PUTNAM PREMIER INCOME (Check all applicable) TRUST [PPT] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner \_X\_\_Officer (give title \_\_X\_\_ Other (specify (Month/Day/Year) below) below) C/O PUTNAM LLC, ONE POST 04/07/2014 Portfolio Manager to the / Putnam Mutual **OFFICE SQUARE L5** Funds (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting **BOSTON, MA 02109** Person (State) (City) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) (Instr. 3, 4 and 5) Form: Direct Beneficial Code Beneficially any (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Closed-end 04/07/2014 Ρ 75,000 A 189,000 D 5.51 Fund

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	2.	3. Transaction Date		4.	5.	6. Date Exerc			le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio		Expiration D			unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)		rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secu	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	: 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title			
						Exercisable Date	Inte	of			
				Code V	(A) (D)				Shares		
				code v	$(\mathbf{n})$ $(\mathbf{D})$				Shares		
Repor	tina O	wners									
iopoi	ung o										

Reporting Owner Name / Address	Relationships							
Reporting Owner Paulie / Marciss	Director	10% Owner	Officer	Other				
KOHLI D WILLIAM C/O PUTNAM LLC ONE POST OFFICE SQUARE L5 BOSTON, MA 02109			Portfolio Manager to the	Putnam Mutual Funds				
Signatures								

## S

D. William Kohli

04/09/2014 Date

\*\*Signature of Reporting Person

**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.

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