PUTNAM MANAGED MUNICIPAL INCOME TRUST Form 3 May 18, 2011 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

## 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 Ad Person <u>*</u> Burns Ro	1	orting	2. Date of Event Requiring Statement (Month/Day/Year) 05/16/2011		3. Issuer Name and Ticker or Trading Symbol PUTNAM MANAGED MUNICIPAL INCOME TRUST [PMM]						
(Last)	(First)	(Middle)	03/10/2011		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
ONE POST	OFFICE SO	QUARE						(			
î	(Street)				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u>			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON,Â	MAA 0210	)9			Vice Presider	ent and / Chief Legal Officer		Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	T	able I - N	- Non-Derivative Securities Beneficially Owned						
1.Title of Secur (Instr. 4)	ity		В	Amount of eneficially ( instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	rship	rect Beneficial		
Reminder: Repo owned directly o	-	ially SEC 1473 (7-02)									
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Deriv (Instr. 4)	vative Securit	Expir	te Exercisable and ation Date Day/Year)	Securitie	and Amount of es Underlying ve Security	4. Conversio or Exercis		wnership orm of	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

(Instr. 4)

Expiration Title

Date

Exercisable Date

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

(I)

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Burns Robert T ONE POST OFFICE SQUARE BOSTON, MA 02109	Â	Â	Vice President and	Chief Legal Officer				
Signatures								
Robert T. Burns 05/18	/2011							

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

## No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

Date

\*\* 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.