MFS INVESTMENT GRADE MUNICIPAL TRUST Form 3 July 03, 2007 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 Address of Reporting Person <u>*</u> SCHECHTER GEOFFREY			2. Date of Event Requiring Statement (Month/Day/Year) 06/29/2007	3. Issuer Name and Ticker or Trading Symbol MFS INVESTMENT GRADE MUNICIPAL TRUST [CXH]				
(Last)	(First)	(Middle)	00/2//2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
Â	(Street)			(Check a	all applicable) 10% X Othe	Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person	
(City)	(State)	(Zip)	Table I - N		lio Manager	,	Form filed by More than One Reporting Person	
1.Title of Sect (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)	of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indirect Beneficial	
Reminder: Rep owned directly	or indirectly Perso inforr requi	ns who res nation cont red to respo	ach class of securities benefic spond to the collection of ained in this form are not ond unless the form displ MB control number.	t SI	EC 1473 (7-02	2)		

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

January 31,

2005

0.5

Expires:

response ...

Estimated average burden hours per

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
1 0	Director	10% Owner	Officer	Other		
SCHECHTER GEOFFREY						
	Â	Â	Â	Portfolio Manager		
Â						
Signatures						
Susan S. Newton, By Power of Attorney	07/03/2007					
**Signature of Reporting Person		Dat	e			

## **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.