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

#### PUTNAM PREMIER INCOME TRUST

Form 4

October 08, 2009

## FORM 4

subject to

Form 4 or

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16.

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 \* SRIVASTAVA RAMAN

2. Issuer Name and Ticker or Trading Symbol

PUTNAM PREMIER INCOME TRUST [PPT]

3. Date of Earliest Transaction (Last) (First) (Middle)

(Month/Day/Year) 09/01/2009

PUTNAM INVESTMENTS, ONE POST OFFICE SQUARE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

**OMB** 

Number:

Expires:

response...

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Director 10% Owner \_X\_\_ Officer (give title \_\_X\_\_ Other (specify below) below)

MD of Putnam, issuer's / indirect parent holding co.

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 02109

(City)	(State) (Z	Zip) Table	I - Non-Do	erivative S	Securi	ities Acquir	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Closed-end fund	09/01/2009		P	2,000	A	\$ 5.51	2,000	D	
Closed-end fund	09/01/2009		P	2,800	A	\$ 5.5	4,800	D	
Closed-end fund	09/01/2009		P	4,300	A	\$ 5.5199	9,100	D	
Closed-end fund	10/01/2009		P	1,000	A	\$ 5.77	10,100	D	
Closed-end fund	10/01/2009		P	4,200	A	\$ 5.7799	14,300	D	

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable Date	of				
				Code V	(A) (D)				Shares		
				Code V	(II)				Dilaics		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

10% Owner Officer Other Director

SRIVASTAVA RAMAN **PUTNAM INVESTMENTS** ONE POST OFFICE SQUARE BOSTON, MA 02109

MD of Putnam, issuer's indirect parent holding co.

## **Signatures**

Raman 10/08/2009 Srivastava

\*\*Signature of Date 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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