PIONEER MUNICIPAL HIGH INCOME TRUST Form 3 May 30, 2013 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005

# **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> Chirunga	•	orting	Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol PIONEER MUNICIPAL HIGH INCOME TRUST [MHI]						
(Last)	(First)	(Middle)	05/30/2013		4. Relationship of Reporting Person(s) to Issuer				5. If Amendment, Date Original Filed(Month/Day/Year)		
60 STATE S	FREET							× ×	<b>,</b>		
	(Street)				(Check all applicable) Director 10% Owner Officer X Other (give title below) (specify below) Affiliated Person		6. Individ	<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li> Form filed by More than One</li> <li>Reporting Person</li> </ul>			
BOSTON,Â	MAÂ 021(	)9					er Filing(Ch _X_ Form Person Form				
(City)	(State)	(Zip)	Tab	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)				eficially Owned O r. 4) Fe D or (I		Form: Direct ( or Indire (I)	Ownership Owne Form: (Instr Direct (D) or Indirect		irect Beneficial		
Reminder: Repo owned directly o		te line for each	ch class of securities	s beneficia	<sup>lly</sup> SI	EC 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)	ative Securit <u>y</u>	Expir	te Exercisable and ation Date Day/Year)	Securities	nd Amount of 5 Underlying e Security	Con or E Pric	version xercise e of ivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable

Expiration

Title

Date

Estimated average burden hours per

0.5

response...

## **Reporting Owners**

<b>Reporting Owner Name / Ad</b>	ldress	ss Relationships						
	Director	10% Owner	Officer	Other				
Chirunga Jonathan 60 STATE STREET BOSTON, MA 02109	Â	Â	Â	Affiliated Person				
Signatures								
/s/ Jonathan Chirunga	05/30/2013							
<u>**</u> Signature of Reporting Person	Date							

### **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.