

FEDERATED PREMIER MUNICIPAL INCOME FUND  
 Form 3  
 May 22, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <p>1. Name and Address of Reporting Person *<br/>                 Â MANSFIELD CHARLES F<br/> <br/>                 (Last) (First) (Middle)<br/> <br/>                 C/O FEDERATED INVESTORS,<br/>                 INC.,<br/>                 FEDERATED,Â INVESTORS<br/>                 TOWER, 1001 LIBERTY<br/>                 AVENUE<br/> <br/>                 (Street)<br/> <br/>                 PITTSBURGH,Â PAÂ 15222-3779<br/> <br/>                 (City) (State) (Zip)</p> | <p>2. Date of Event Requiring Statement<br/>                 (Month/Day/Year)<br/>                 12/20/2002</p> | <p>3. Issuer Name <b>and</b> Ticker or Trading Symbol<br/>                 FEDERATED PREMIER MUNICIPAL INCOME<br/>                 FUND [FMN]</p> | <p>4. Relationship of Reporting Person(s) to Issuer<br/> <br/>                 (Check all applicable)<br/> <br/>                 ___X___ Director _____ 10%<br/>                 Owner<br/>                 _____ Officer _____ Other<br/>                 (give title below) (specify below)</p> | <p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

6. Individual or Joint/Group Filing(Check Applicable Line)  
 \_\_\_X\_\_\_ Form filed by One Reporting Person  
 \_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

|                                                             |                                                                                   |                                                                                                                                |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <p>1. Title of Security<br/>                 (Instr. 4)</p> | <p>2. Amount of Securities Beneficially Owned<br/>                 (Instr. 4)</p> | <p>3. Ownership Form:<br/>                 Direct (D)<br/>                 or Indirect (I)<br/>                 (Instr. 5)</p> | <p>4. Nature of Indirect Beneficial Ownership<br/>                 (Instr. 5)</p> |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

|                                                                        |                                                                                      |                                                                         |                                  |                             |                                                                                   |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|-----------------------------|-----------------------------------------------------------------------------------|
| <p>1. Title of Derivative Security<br/>                 (Instr. 4)</p> | <p>2. Date Exercisable and Expiration Date<br/>                 (Month/Day/Year)</p> | <p>3. Title and Amount of Securities Underlying Derivative Security</p> | <p>4. Conversion or Exercise</p> | <p>5. Ownership Form of</p> | <p>6. Nature of Indirect Beneficial Ownership<br/>                 (Instr. 5)</p> |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|-----------------------------|-----------------------------------------------------------------------------------|

| Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) |
|------------------|-----------------|-------|----------------------------|------------------------------|-------------------------------------------------|
|                  |                 |       |                            |                              |                                                 |

## Reporting Owners

| Reporting Owner Name / Address                                                                                                       | Relationships |           |         |       |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                                                                                                      | Director      | 10% Owner | Officer | Other |
| MANSFIELD CHARLES F<br>C/O FEDERATED INVESTORS, INC., FEDERATED<br>INVESTORS TOWER, 1001 LIBERTY AVENUE<br>PITTSBURGH, PA 15222-3779 | X             |           |         |       |

## Signatures

/s/ Clair E. Pagnano By Power of Attorney 05/22/2015

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.