MFS HIGH YIELD MUNICIPAL TRUST Form 3 July 03, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Date

Exercisable

Expiration

Title

Date

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> Uek Robert W			2. Date of Event R Statement (Month/Day/Year)	MFS HIGH	3. Issuer Name and Ticker or Trading Symbol MFS HIGH YIELD MUNICIPAL TRUST [CMV]						
(Last)	(First)	(Middle)	06/29/2007		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)				
500 BOYLS	TON ST										
	(Street)			(Check	all applicable)	6. Ir	6. Individual or Joint/Group				
BOSTON, MA 02116				X Director Officer (give title below			Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tal	ole I - Non-Derivati	ive Securitie	es Benefie	eneficially Owned				
1.Title of Secur (Instr. 4)	ity		Ben	amount of Securities eficially Owned tr. 4)	Ownership	4. Nature o Ownership (Instr. 5)	of Indirect Beneficial				
Reminder: Repo owned directly		ate line for ea	ch class of securities	s beneficially SI	EC 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.											
Т	able II - Der	ivative Secu	rities Beneficially O	Owned (e.g., puts, calls,	warrants, opti	ons, conve	ertible securities)				
1. Title of Deriv (Instr. 4)	vative Securit	Expii	te Exercisable and ration Date Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	Conversio or Exercis Price of	e Form o Derivat	of (Instr. 5) tive				
		D (Enningtion		Derivative	Securit	ly.				

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

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Uek Robert W 500 BOYLSTON ST BOSTON, MA 02116	ÂX	Â	Â	Â	
Signatures					
Susan S. Newton, By Power of Attorney	07/03/2007				
**Signature of Reporting Person		Dat	te		

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.