DEUTSCHE STRATEGIC MUNICIPAL INCOME TRUST Form 3 May 27, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

## **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

## 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per

0.5

response...

(Print or Type Responses)

<ol> <li>Name and Address of Reporting Person <u>*</u></li> <li>Â Partner Reinsurance Co of the U.S.</li> </ol>			2. Date of Event Requiring Statement (Month/Day/Year) 03/03/2015		3. Issuer Name and Ticker or Trading Symbol DEUTSCHE STRATEGIC MUNICIPAL INCOME TRUST [KSM]				
(Last)	(First)	(Middle)			4. Relationshi Person(s) to Is	p of Reporting ssuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
ONE GREEN	WICH PL	AZA						· · · ·	
(Street)				(Check all applicable)			6. Individual or Joint/Group		
GREENWICH	I, CT (	06830			Director Officer (give title below	Other	•	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)		Table I - N	lon-Derivat	ive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)	y			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.		
Floating Rate Shares, Series	-		ferred	2,419		D	Â		
Reminder: Report owned directly or	•	te line for ea	ch class of secu	urities benefici	ally S	EC 1473 (7-02	)		
Tal	informa require current	ation conta d to respo tly valid OM	oond to the c ined in this f nd unless the AB control nu ities Beneficia	form are not e form displa umber.	ays a	warrants, opt	ions, c	onvertible securities)	

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

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
Partner Reinsurance Co of the U.S. ONE GREENWICH PLAZA GREENWICH, CT 06830	Â	ÂX	Â	Â	
Signatures					
/s/Thomas L. Forsyth, EVP, General Counsel & Corporate Secretary					

\*\*Signature of Reporting Person

5/27/2015 Date

**Explanation of Responses:** 

\* 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).

On January 16, 2015, Partner Reinsurance Company Ltd. ("PRC"), a wholly owned direct subsidiary of PartnerRe Ltd., and Citibank N.A. ("Citibank") entered into a Put/Call Agreement (the "Put/Call Agreement"), by which, among other things, PRC granted Citibank an

(1) option (exercisable between January 21, 2015 and March 31, 2015) (the "Put Option") to cause PRC to purchase the Floating Rate Municipal Term Preferred Shares, Series 2015 (the "MTPS Shares") from Citibank at the option price of \$25,000 per share plus accumulated but unpaid dividends. On March 3, 2015, Citibank notified PRC that it was exercising the Put Option.

Following the exercise of the Put Option, PRC designated its affiliate, Partner Reinsurance Company of the U.S. ("PRC-US"), a wholly
 (2) owned indirect subsidiary of PartnerRe Ltd., to perform PRC's obligations under the Put/Call Agreement, whereupon PRC-US became the direct beneficial owner of the reported securities.

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.