**IVES J ATWOOD** Form 4 June 29, 2010

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

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(b).

(Last)

1. Name and Address of Reporting Person \*

**IVES J ATWOOD** 

2. Issuer Name and Ticker or Trading

Symbol

Issuer

MFS SPECIAL VALUE TRUST

[MFV]

3. Date of Earliest Transaction

(Month/Day/Year) 12/31/2009

X\_ Director 10% Owner

5. Relationship of Reporting Person(s) to

(Check all applicable)

Officer (give title Other (specify

MFS INVESTMENT

MANAGEMENT, 500 BOYLSTON STREET

(First)

(Street)

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

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

**BOSTON, MA 02116** 

(City)

(Zip)

(Middle)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

(State)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct (D) or Indirect Beneficial (Instr. 4)

Indirect Ownership (Instr. 4)

(A)

Reported Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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 (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

### Edgar Filing: IVES J ATWOOD - Form 4

|                                      | 1. Title of | 2.  | 3. Transaction Date |   | 4.                              | 5.   | 6. Date Exercis Expiration Date |                    | 7. Title and Amount of                     | 8. Price of                          | 9. Nu   |
|--------------------------------------|-------------|---|---------------------|---|---------------------------------|--|---------------------------------|--------------------|--|--------------------------------------|---|
| Derivative<br>Security<br>(Instr. 3) |             | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year)    | execution Date, if<br>any<br>(Month/Day/Year) | Transacti<br>Code<br>(Instr. 8) | orNumber<br>of<br>Derivativ<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | (Month/Day/Year)                |                    | Underlying Securities (Instr. 3 and 4)     | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|                                      |             |   |                     |   | Code V                          | ĺ  |                                 | Expiration<br>Date | Title Amour<br>or<br>Numbe<br>of<br>Shares | er                                   |   |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

IVES J ATWOOD

MFS INVESTMENT MANAGEMENT 500 BOYLSTON STREET

BOSTON, MA 02116

## **Signatures**

Susan S. Newton, By Power of Attorney

06/29/2010

\*\*Signature of Reporting Person

Date

## **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).

#### **Remarks:**

Retirement

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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