FORM 4

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

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person * BANK OF AMERICA CORP /DE/				2. Issuer Name and Ticker or Trading Symbol Invesco Van Kampen Massachusetts Value Municipal Income Trust [VMV]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Other (specify below)					
(Last) (First) (Middle) BANK OF AMERICA CORPORATE CENTER, 100 N TRYON ST				3. Date of Earliest Transaction (Month/Day/Year) 01/19/2012											
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person						
CHARLOTTE, NC 28255 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ured, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	at of Securities Ily Owned Following Transaction(s) nd 4)		Ownership Form: I Direct (D)	Beneficial Ownership
						Code	V	Amour	(A) or (D)	Price			or Indirect (I) (Instr. 4)		(Instr. 4)
Auction Rate Preferred (1)		rred (1)	01/19/2012			J(2)		16	D	<u>(2)</u>	102	02		I	See Footnote (1)
Reminder:	Report on a s	separate line fo		Derivative Secur	ities A	Acquire	Pers cont the f	ons whained i	no respo n this for splays a of, or Ber	rm are curre reficia	e not requently valid	ction of inf uired to res I OMB con	spond unle	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/\frac{\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Day/\sqrt{\text{Month/Aligned\tax}\text{Month/Aligned\tax}\text{Month/Aligned\tax}\text{Month/Aligned\tax}\text{Month/Aligned\tax}\text	3A. Deemed Execution Da	e.g., puts, calls, v 4. te, if Transaction Code (Instr. 8)	5. Num of Deri Sect Acq (A) Disp of (I (Ins 4, ar	mber ivative urities quired or posed D) ttr. 3, nd 5)	ptions, convertible securitie 6. Date Exercisable and Expiration Date (Month/Day/Year) Convertible securities 7. And Expiration Date (In 4) Date Exercisable Expiration Date (In 4)		7. T Am Und Sec (Ins 4)	Amount or Number of Shares	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Securit Direct of Or India	Ownersh y: (Instr. 4) (D)	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BANK OF AMERICA CORP /DE/ BANK OF AMERICA CORPORATE CENTER 100 N TRYON ST CHARLOTTE, NC 28255		X				
Blue Ridge Investments, L.L.C. 214 NORTH TRYON STREET CHARLOTTE, NC 28255		X				

Signatures

/s/ John Hiebendahl	01/23/2012			
**Signature of Reporting Person	Date			
/s/ Michael Didovic	01/23/2012			
**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).
- (1) The Auction Rate Preferred Shares ("Shares") reported in Table I represent shares beneficially owned by Blue Ridge Investors, L.L.C. ("Blue Ridge"). Blue Ridge is a wholly owned subsidiary of Bank of America Corporation ("Bank of America").
- (2) The Shares were called for redemption by the issuer at par value.

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.