# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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 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 Trust for Investment Grade Municipals [VGM]						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) 06/05/2012											
(Street) CHARLOTTE, NC 28255				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					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned							
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)			ollowing Ownership	7. Nature of Indirect Beneficial Ownership			
					С	ode	V	Amour	(A) or (D)	Price				(I) (Instr. 4)	(Ilisti. 4)
Auction Rate Preferred (1) 06/05/2012		06/05/2012		J	<u>(2)</u>	199 D (2		<u>(2)</u>	493		I	See Footnote			
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially o			Perseconta	ons wh ained i orm dis	no respon n this for splays a	rm ar curre	e not requently valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
		T	(	e.g., puts, calls, w	arran		tions,	conver	tible secu	rities)			1		
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/\)	Execution Da Year) any	4. Transaction Code (Instr. 8)	Code of		and Expiration Date (Month/Day/Year) Ar Ur Se		Am Und Sec (Ins	Title and ount of derlying urities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownershi (Instr. 4)  D) ect	
				Code V	(A)	(D)	Date Exer	cisable	Expiration Date	n Titl	Amount or e Number of Shares				

## **Reporting Owners**

		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BANK OF AMERICA CORP /DE/ BANK OF AMERICA CORPORATE CENTED 100 N TRYON ST CHARLOTTE, NC 28255	R	X					
Blue Ridge Investments, L.L.C. 214 NORTH TRYON STREET CHARLOTTE, NC 28255		X					
BANK OF AMERICA NA 101 S. TRYON STREET CHARLOTTE, NC 28255		X					

#### **Signatures**

/s/ John Hiebendahl	06/07/2012			
**Signature of Reporting Person	Date			
/s/ Michael Didovic	06/07/2012			
**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).
- The Auction Rate Preferred Shares ("Shares") reported in Table I represent shares beneficially owned by Bank of America N.A. ("BANA") and Blue Ridge Investors, L.L.C. ("Blue Ridge"). BANA and Blue Ridge are wholly owned subsidiaries 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.