Edgar Filing:	ALLIANCEBERNSTEIN NA	TIONAL MUNICIPAL	INCOME FUND - F	orm 4
- 3 3				

ALLIANCEI Form 4 December 19	BERNSTEIN NA	TIONAL	MUNIC	CIPAL IN	COME I	FUNI	D				
									OMB	APPROVAL	
FORM	UNITED	STATES S		ITIES A hington,			NGE	COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or		IENT OF	F CHANGES IN BENEFICIAL OWNERSHI SECURITIES						Expires: Estimated burden ho response.	ours per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a	a) of the P	ublic Ut		ing Com	ipany	Act of	ge Act of 1934, of 1935 or Secti 940			
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person *2. Issuer NCITIGROUP INCSymbol					Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer			
NATIO			NATIO	NCEBERI NAL MU E FUND	NICIPA			(Check all applicable)			
(Last) 399 PARK A	. , .	Aiddle) 3	3. Date of Earliest Transaction (Month/Day/Year)				Officer (giv	give title Other (specify below)			
399 FARK /			12/18/20								
	(Street)		Filed(Month/Day/Year) Ap			Applicable Line) _X_ Form filed by	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NEW YORI	K, NY 10022							Person	More than One	Keporung	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Ac	equired, Disposed	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Auction				Code V		or (D)	Price	Transaction(s) (Instr. 3 and 4)		Ву	
Rate Preferred	12/18/2014			J <u>(1)</u>	115	A	<u>(2)</u>	2,992	Ι	Subsidiary (3)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: ALLIANCEBERNSTEIN NATIONAL MUNICIPAL INCOME FUND - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh							
	Director	Director 10% Owner Office		Other					
CITIGROUP INC									
399 PARK AVENUE									
NEW YORK, NY 10022									
Signatures									
Citigroup Inc., By: /s/ Ali L. K Secretary	arshan, Assistant			12/19/2014					
**Signature of Reporting		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) These share were received pursuant to a settlement of litigation.
- (2) The market value price per share was \$79.50 on December 18, 2014.

The Auction Preferred Shares ("Shares") reported in Table I represent Shares beneficially owned by Citigroup Global Markets Inc.

(3) ("CGMI"). Citigroup Financial Products Inc. ("CFP") is the sole stockholder of CGMI. Citigroup Global Markets Holdings Inc. ("CGMH") is the sole stockholder of CFP. Citigroup Inc. is the sole stockholder of CGMH.

Remarks:

These Shares represent the Reporting Person's combined holdings in multiple series of auction rate preferred securities of the i

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.