Invesco Municipal Opportunity Trust Form 4 November 10, 2016

| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b). | OMB<br>Number:<br>Expires:<br>Estimated a<br>burden hour<br>response               |   |   |   |              |  |  |  |
|--|--|---|---|---|--------------|--|--|--|
| (Print or Type Responses)  |  |   |   |   |              |  |  |  |
| 1. Name and Address of Reporting Pers<br>Stryker Robert John   | Symbol   | Ticker or Trading   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |   |              |  |  |  |
| (Last) (First) (Midd<br>1555 PEACHTREE<br>STREET, SUITE 1800 NE  | (Middle) 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>11/09/2016<br>0 NE |   |   | Director       10% Owner         Officer (give title      X Other (specify below)         Dottfolio Manager |              |  |  |  |
| (Street)<br>ATLANTA, GA 30309  | 4. If Amendment, Da<br>Filed(Month/Day/Year)                                       | -   | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul> |   |              |  |  |  |
| (City) (State) (Zip  | ) Table I - Non-D  | erivative Securities Acq  |   | , or Beneficiall  | y Owned      |  |  |  |
| (Instr. 3) ar  | A. Deemed 3.<br>xecution Date, if Transaction                                      | 4. Securities Acquired<br>n(A) or Disposed of (D)<br>(Instr. 3, 4 and 5)<br>(A)<br>or | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  | 7. Nature of |  |  |  |
| Common 11/09/2016 Shares   | S  | 1,500 D <sup>\$</sup><br>13.12  | 0   | D   |              |  |  |  |

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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | 5.<br>iorNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | le and<br>ant of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--------------------------------------|--|---------------------|--------------------|-----------------------|---|---|--|
|   |   |   | Code V                               | . ,  | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares            |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |                   |  |  |
|--|---------------|-----------|---------|-------------------|--|--|
|  | Director      | 10% Owner | Officer | Other             |  |  |
| Stryker Robert John<br>1555 PEACHTREE STREET<br>SUITE 1800 NE<br>ATLANTA, GA 30309 |               |           |         | Portfolio Manager |  |  |
| Signatures   |               |           |         |                   |  |  |
| Robert R. Leveille, as Attorney in Fact  |               | 11/10/20  | 016     |                   |  |  |
| **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).

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.