

MASSMUTUAL CORPORATE INVESTORS  
 Form 3  
 February 05, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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. Name and Address of Reporting Person *                     |          |          | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                                | 5. If Amendment, Date Original Filed(Month/Day/Year)  |
| À Klofas Michael  |          |          | 01/26/2007  | MASSMUTUAL CORPORATE INVESTORS [MCI]  |   |
| (Last)  | (First)  | (Middle) |   | 4. Relationship of Reporting Person(s) to Issuer                                  |   |
| BABSON CAPITAL MANAGEMENT LLC,À 1500 MAIN STREET PO BOX 15189 |          |          |   | (Check all applicable)  |   |
|   | (Street) |          |   | ____ Director ____ 10% Owner  | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>__X__ Form filed by One Reporting Person<br>____ Form filed by More than One Reporting Person |
|   |          |          |   | ____ Officer __X__ Other (give title below) (specify below)<br>Officer of Adviser |   |
| SPRINGFIELD,À MAÀ 011155189                                   |          |          |   |   |   |
| (City)  | (State)  | (Zip)    |   |   |   |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Capital Stock                   | 3,282.26  | D  | À   |

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|---|---|---|---|
|  |  | Title   |   |   |   |

|                     |                    |                                  |          |  |
|---------------------|--------------------|----------------------------------|----------|--|
| Date<br>Exercisable | Expiration<br>Date | Amount or<br>Number of<br>Shares | Security | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) |
|---------------------|--------------------|----------------------------------|----------|--|

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |         |                    |
|---|---------------|-----------|---------|--------------------|
|   | Director      | 10% Owner | Officer | Other              |
| Klofas Michael<br>BABSON CAPITAL MANAGEMENT LLC<br>1500 MAIN STREET PO BOX 15189<br>SPRINGFIELD, MA 011155189 | Â             | Â         | Â       | Officer of Adviser |

## Signatures

/s/ Klofas,  
Michael

02/05/2007

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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.