See separate instructions.

Pa	nrt I	Reporting I	lssuer						
1	lssuer's	s name				2 Issuer's employer identification number (EIN)			
						36-6900462			
INVESCO HIGH INCOME TRUST II									
3 Name of contact for additional information 4 Telephone No. of contact					le No. of contact	5 Email address of contact			
		SERVICE			1-800-959-4246	WWW.INVESCO.COM			
6	Numbe	er and street (or F	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of contact			
11 G		WAY PLAZA, SU	UTE 1000			HOUSTON, TX 77046-1113			
		f action		Q Class	sification and description				
0		raction		3 0143					
See	Attach	ment		Distribu	tion in excess of current	and accumulated E&P			
10 CUSIP number 11 Serial number(s)			(s)	12 Ticker symbol	13 Account number(s)				
	500 A	ttachment			See Attachment				
Da	rt II		nal Action Atta	ch additiona		See back of form for additional questions.			
га 14		-				date against which shareholders' ownership is measured for			
14		-							
				distribution to	snareholders from Jan	uary 2016 to February 2016. A portion of each distribution			
cons	stitutes	s a non-taxable	return of capital.						
15	Desc	ribe the quantitat	tive effect of the orga	anizational act	tion on the basis of the se	curity in the hands of a U.S. taxpayer as an adjustment per			
	share	e or as a percenta	age of old basis 🕨 🕇	he portion of	each distribution that co	onstitutes a non-taxable return of capital will decrease a			
U.S.					taxable return of capital				
		,							
16			-			culation, such as the market values of securities and the			
						red to distributions paid during the period ended February			
<u>2016</u>	2016. The non-taxable return of capital represents the amount of distributions paid during the taxable period ended February 29, 2016 in								
exce	ess of t	the Fund's curre	ent and accumulate	d earnings a	nd profits under IRC Sec	tion 316.			

Form 893		. 12-2011)			Page 2
Part I	II (Organizational Action (cor	ntinued)		
			e section(s) and subsection(s) upon whi	ch the tax treatment is base	
Internal	Reve	nue Code Sections 301, 316, 85	2.		
18 C	an any	resulting loss be recognized? ►	No		
40 0					
		any other information necessary fational action is reportable with	to implement the adjustment, such as t	he reportable tax year ▶	
	yaniza		respect to calender year 2016.		
	Unde	r penalties of perjury, I declare that I h	nave examined this return, including accomp	anying schedules and statemer	nts, and to the best of my knowledge and
	belief	, it is true, correct, and complete. Decl	aration of preparer (other than officer) is base	ed on all information of which pr	reparer has any knowledge.
Sign					
Here	Signa	ature /s/ Sheri Morris		Date ► 06/16	5/16
	Print	your name Sheri Morris	Propovorio gianotura	Title Presid	ent & Treasurer
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if
Prepa					self-employed
Use C	Only	Firm's name			Firm's EIN ► Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Invesco High Income Trust II EIN: 36-6900462

ATTACHMENT

				Per Share		
		Ticker	Payable	Distribution	Income	ROC
	CUSIP	<u>Symbol</u>	Date	Per Share	Dividends	
Common Shares	46131F101	VLT	01/13/16	0.10350000	0.05690000	0.04660000
Common Shares	46131F101	VLT	02/10/16	0.09750000	0.05360000	0.04390000
Total				0.20100000	0.11050000	0.09050000