► See separate instructions.

Га	neporting	133001						
1 Issuer's name INVESCO CALIFORNIA VALUE MUNICIPAL INCOME TRUST					2 Issuer's employer identification number (EIN) 36-7017425			
INVF	ESTOR SERVICE			1-800-959-4246	WWW.INVESCO.COM			
-		P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of contact			
	,			,				
	REENWAY PLAZA, S	UITE 1000			HOUSTON, TX 77046-1113			
8 [Date of action		9 Class	ification and description				
See	Attachment		Distribut	ion in excess of current a	nd accumulated E&P			
	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)			
	See Attachment			See Attachment				
					See back of form for additional questions.			
14					ate against which shareholders' ownership is measured for			
	the action ► The Fu	nd paid a monthly o	listribution to	shareholders from Janua	ary 2019 to February 2019. Each distribution			
cons	stitutes a non-taxable	return of capital.						
15					urity in the hands of a U.S. taxpayer as an adjustment per taxable return of capital will decrease			
aUS				non-taxable return of cap				
<u>a o i c</u>								
16		-			ulation, such as the market values of securities and the			
	valuation dates ► The	e Fund's current and	d accumulate	d earnings were compare	d to distributions paid during the period ended February			
2019	. The non-taxable retu	urn of capital repres	ents the amo	ount of distributions paid of	during the taxable period ended February 28, 2019 in			
<u>exc</u> e	ess of the Fund's curre	ent and accumulate	d earnings ar	nd profits under IRC Section	on 316.			

	Inv	esco California Value M	Iunicipal Income Trust	EIN: 36-7017425	
	37 (12-2017)			Pa	ge 2
Part	l Orgar	nizational Action (continued)			
			s) and subsection(s) upon which the	e tax treatment is based ►	
Interna	I Revenue Co	ode Sections 301, 316, 852.			
18 C	an any resulti	ng loss be recognized? ► No			
19 P	rovide any ot	per information necessary to implem	nent the adjustment, such as the rep	portable tay year b	
		action is reportable with respect t			
Sian	Under penalti belief, it is tru	es of perjury, I declare that I have exam e, correct, and complete. Declaration of J	ined this return, including accompanying preparer (other than officer) is based on a	g schedules and statements, and to the best of my knowledge all information of which preparer has any knowledge.	and
Sign Here	Signature ►_	/s/ Sheri Morris		Date ►	
	I = .				

Pr	Print your name ► Sheri Morris			Title► President & Treasurer			
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN		
Use Onl	Firm's name			Firm's EIN ►			
	Firm's address ►				Phone no.		
Send Form	8937 (including accompanying statements) to	o: Department of the Treasury. Internal Rev	enue Service. Oad	len. UT 84201	-0054		

Invesco California Value Municipal Income Trust EIN: 36-7017425

ATTACHMENT

				Per Share		
		Ticker	Payable	Distribution	Income	ROC
	CUSIP	Symbol	Date	Per Share	Dividends	
Class A	46132H106	VCV	01/31/19	0.05100000	0.04130000	0.00970000
Class A	46132H106	VCV	02/28/19	0.05100000	0.04130000	0.00970000
Total				0.10200000	0.08260000	0.01940000