Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

| Part I Reporting I | ssuer | | • |
|--------------------------------------|-----------------------|---|--|
| 1 Issuer's name | | 2 Issuer's employer identification number (EIN) | |
| | | | |
| INVESCO TRUST FOR INV | | 36-6981632 5 Email address of contact | |
| 3 Name of contact for add | aitional information | 4 Telephone No. of contact | 5 Email address of contact |
| INVESTOR SERVICE | | 1-800-959-4246 | WWW.INVESCO.COM |
| | 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 GREENWAY PLAZA, SU | JITE 1000 | HOUSTON, TX 77046-1113 | |
| 8 Date of action | | 9 Classification and description | |
| | | | |
| See Attachment | | Distribution in excess of current a | |
| 10 CUSIP number | 11 Serial number(| s) 12 Ticker symbol | 13 Account number(s) |
| Coo Attackment | | Coo Attaclaració | |
| See Attachment Part II Organization | nal Action Attac | See Attachment | See back of form for additional questions. |
| | | | late against which shareholders' ownership is measured for |
| _ | | | ary 2019 to February 2019. Each distribution |
| constitutes a non-taxable r | | | any zorrito robi dany zorri zadin diotinodinon |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 45 Describe the according | :fft -f th | | |
| | | | urity in the hands of a U.S. taxpayer as an adjustment per |
| | | | -taxable return of capital will decrease |
| a U.S. taxpayer's basis in t | ne snares or the iss | suer. For the non-taxable return of cap | ontai see attachment. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | _ | | ulation, such as the market values of securities and the |
| | | | ed to distributions paid during the period ended February |
| | | | during the taxable period ended February 28, 2019 in |
| excess of the Fund's curre | nt and accumulate | d earnings and profits under IRC Secti | ion 316. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Part I | | Organizational Action (cor | ntinued) | | |
|--------------|----------------|--|---|--|---|
| 17 Li | st the | applicable Internal Revenue Code | e section(s) and subsection(s) upon | which the tax treatment is based | d▶ |
| Internal | Reve | enue Code Sections 301, 316, 85 | 2. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 18 Ca | an an | y resulting loss be recognized? ▶ | No | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 19 Pr | rovide | any other information necessary t | to implement the adjustment, such | as the reportable tax year ▶ | |
| | | ational action is reportable with | | | |
| 11.10 01 | 9411120 | | Toopeet to earerraar year 2017. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Unde belief | er penalties of perjury, I declare that I hat I hat I hat I hat I hat I hat I had complete. Decl | nave examined this return, including acc aration of preparer (other than officer) is | companying schedules and statemer based on all information of which pro- | nts, and to the best of my knowledge and eparer has any knowledge. |
| Sign | | , , | | | |
| Here | | /s/ Sheri Morris | | | |
| 11010 | Signa | ature ► /s/ Sheri Morris | | Date ▶ | |
| | . | Charl Manuta | | THE STATE OF THE S | ont 9 Tracquirer |
| | Print | your name ► Sheri Morris Print/Type preparer's name | Preparer's signature | Title ► Preside Date | ent & Treasurer |
| Paid | | Time Type preparer straine | | Date | Check if self-employed |
| Prepa | | Firmle name | | | |
| Use C | nly | Firm's name | | | Firm's EIN ▶ |
| Send Fo | orm ac | Firm's address 337 (including accompanying state | ements) to: Department of the Treas | sury Internal Revenue Service (| Phone no. |
| Jona I C | | unoraaning accompanying state | | zang, mitamat mavamaa aan vida, C | - gii, - i - i i - 000- |

Invesco Trust for Investment Grade New York Municipals EIN: 36-6981632

ATTACHMENT

| | | | | Per Share | | |
|---------|-----------|--------|----------|--------------|------------|------------|
| | | Ticker | Payable | Distribution | Income | ROC |
| | CUSIP | Symbol | Date | Per Share | Dividends | |
| Class A | 46131T101 | VTN | 01/31/19 | 0.05540000 | 0.03120000 | 0.02420000 |
| Class A | 46131T101 | VTN | 02/28/19 | 0.05540000 | 0.03120000 | 0.02420000 |
| Total | | | | 0.11080000 | 0.06240000 | 0.04840000 |