DREYFUS MUNICIPAL INCOME INC Form 3 December 01, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OME

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

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> UBS Group AG			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol DREYFUS MUNICIPAL INCOME INC [DMF]						
(Last) (Fi	irst)	(Middle)	11/28/2014		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
BAHNHOFSTRASSE 45, PO BOX CH-8098					(Check all applicable)				· · ·	
(Street)					DirectorOwner OfficerOther (give title below) (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting		
ZURICH, V8Â									Person Form filed by More than One Reporting Person	
(City) (St	ate)	(Zip)		Table I - N	Non-Deriva	ative	e Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)				2. Amount of Beneficially (Instr. 4)		F D or (I	ownership orm: birect (D) r Indirect	4. Nat Owne (Instr.	•	
Auction Preferre	ed Stock	(2)		825 <u>(3)</u>			Ι	By s	ubsidiary - see footnote (1)	
Reminder: Report or owned directly or ind	-	e line for ea	ch class of secu	rities benefici	ially	SEC	1473 (7-02))		
Persons who respond to the collection of information contained in this form are not required to respond unless the form displa currently valid OMB control number.				:						

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

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

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Add	ress	Relationships					
neporong o mor ranno / ran		10% Owner	Officer	Other			
UBS Group AG BAHNHOFSTRASSE 45 PO BOX CH-8098 ZURICH, V8Â	Â	ÂX	Â	Â			
Signatures							
/s/ Anthony DeFilippis	12/01/2014						
<u>**</u> Signature of Reporting Person	Date						
/s/ William Chandler	12/01/2014						
<u>**</u> 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).

This Statement is filed jointly by UBS Group AG for the benefit and on behalf of UBS Securities LLC and UBS Financial Services

(1) Inc., two-wholly owned subsidiaries of UBS AG to which UBS AG has delegated portions of its performance obligations with respect to the Auction Rate Securities Rights issued by UBS AG to certain clients and pursuant to which the securities reported herein have been purchased from such clients.

- (2) Cusip No 26201R201, 26201R300
- (3) Pursuant to the Global Relief Letter referred to below, this filing reports holdings of the Series of Auction Preferred Stock identified in Item 1 of this Table I on an aggregated basis.

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Remarks:

The Shares reported herein represent UBS Group AG's combined holdings in multiple series of auctiv

The event triggering notification is the acquisition of UBS AG by UBS Group AG through the co

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.