ALLIANCEBERNSTEIN NATIONAL MUNICIPAL INCOME FUND Form 3 February 13, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

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 Number: | 3235-0104 | | | | |
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| 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> Messer Heidi S | | 2. Date of Event Requiring Statement (Month/Day/Year) 02/10/2015 | 3. Issuer Name and Ticker or Trading Symbol ALLIANCEBERNSTEIN NATIONAL MUNICIPAL INCOME FUND [AFB] | | | | |
|-----------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------|
| (Last) | (First) | (Middle) | 4. Relationship of Reporting Person(s) to Issuer | | ; | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| C/O ALLIA L.P., 1345 AMERICAS | AVENUE | | | (Check all applicable) Director 10% Owner Officer Other (give title below) (specify below) Director of Fund's Adviser | | Owner : ow) | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| NEW YOR | K, NY 1 | 0105 | | Director | 1 1 und 5 7 kuvi. | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | Table I - N | Non-Derivat | ive Securiti | es Be | neficially Owned |
| 1.Title of Secur (Instr. 4) | ity | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr | • |
| Reminder: Repo | - | ate line for ea | ch class of securities benefic | ially S | EC 1473 (7-02 |) | |
| | inform require | ation conta ed to respo | pond to the collection of ained in this form are not nd unless the form displ MB control number. | : | | | |
| Т | able II - Der | ivative Secu | rities Beneficially Owned (e | .g., puts, calls. | warrants, on | tions, c | onvertible 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) | or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|-----------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------|------------------------------------------|-------------------------------------------------------------|
| | | Title | Derivative Security | Security: Direct (D) | |

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| Date | Expiration |
|-------------|------------|
| Exercisable | Date |

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

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|---------------------------------------------------------------------------------------------------|------------|---------------|-----------|---------|----------------------------|--|
| | | Director | 10% Owner | Officer | Other | |
| Messer Heidi S C/O ALLIANCEBERNSTEIN L.P. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 | | Â | Â | Â | Director of Fund's Adviser | |
| Signatures | | | | | | |
| /s/ Heidi S. Messer | 02/10/2015 | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | |
| Explanation of | Respon | 1606' | | | | |

Explanation of Responses:

No securities are beneficially owned

* 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.