

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: 2009-01-26 | Period of Report: 2009-01-22  
SEC Accession No. 0001179124-09-000033

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ISSUER

**DWS STRATEGIC MUNICIPAL INCOME TRUST**

CIK: 846596 | IRS No.: 000000000 | Fiscal Year End: 1130

Mailing Address  
345 PARK AVENUE  
NEW YORK NY 10154-0004

Business Address  
345 PARK AVENUE  
NEW YORK NY 10154-0004  
212-454-6778

REPORTING OWNER

**Goldman David M**

CIK: 1369366  
Type: 3 | Act: 34 | File No.: 811-05767 | Film No.: 09545503

Mailing Address  
C/O ANJIE LAROCCA,  
DEUTSCHE ASSET MGMT  
345 PARK AVENUE  
NEW YORK NY 10154

Business Address  
212-454-6856

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

**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

1. Name and Address of Reporting Person <u>Goldman David M</u> (Last) (First) (Middle) C/O ANJIE LAROCCA, DEUTSCHE ASSET MGMT, 280 PARK AVENUE, 6W (Street) NEW YORK, NY 10017 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/22/2009	3. Issuer Name and Ticker or Trading Symbol <u>DWS STRATEGIC MUNICIPAL INCOME TRUST [KSM]</u>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ___ Director ___ 10% Owner <u>X</u> Officer (give title below) ___ Other (specify below) <u>Section 16 Officer</u>		5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <u>X</u> Form Filed by One Reporting Person ___ Form Filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common	0	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Signatures**

David Goldman

\*\* Signature of Reporting Person

01/26/2009

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (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.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**