See separate instructions.

Part I Reporting Issuer

1 Issuer's name	2 Issuer's employer identification number (EIN)			
			41 17071/1	
ABRDN NATIONAL MUNICIPAL INCOME 3 Name of contact for additional informat	41-1737161 5 Email address of contact			
ABRDN INC.		215-405-5700		
6 Number and street (or P.O. box if mail is	7 City, town, or post office, state, and ZIP code of contact			
C/O ABRDN INC., 1900 MARKET STREET 8 Date of action	9 Classi	PHILADELPHIA, PA 19103		
1/20/2023, 2/17/2023, 3/24/2023		STOCK - REGULATED IN	IVESTMENT COMPANY	
10 CUSIP number 11 Serial num	iber(s)	12 Ticker symbol	13 Account number(s)	
24610T108 Part II Organizational Action A		VFL statements if needed Se	ee back of form for additional questions.	
			te against which shareholders' ownership is measured for	
-			BRUARY AND MARCH 2023 WERE RETURN OF CAPITAL	
			DER INTERNAL REVENUE CODE SECTIONS 301(c)(2)	
AND 316. SEE ATTACHMENT.				
15 Describe the quantitative effect of the	organizational activ	on on the basis of the secur	rity in the hands of a U.S. taxpayer as an adjustment per	
			PITAL DISTRIBUTIONS WILL REDUCE THE TAX BASIS	
OF THE SHAREHOLDERS' SHARES IN TH				
10 Describe the calculation of the change				
-		ata that supports the calcul	lation, such as the market values of securities and the	
valuation dates <a>SEE ATTACHMEN	Ι.			

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► INTERNAL REVENUE CODE SECTIONS 316, 301(c)(1), AND 301(c)(2).

18 Can any resulting loss be recognized? NO LOSS WILL BE RECOGNIZED AS A RESULT OF THE RETURN OF CAPITAL DISTRIBUTIONS. THE RETURN OF CAPITAL DISTRIBUTIONS WILL REDUCE THE TAX BASIS OF THE SHAREHOLDERS' SHARES IN THE ABRDN NATIONAL MUNICIPAL INCOME FUND

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► _ THE RETURN OF CAPITAL DISTRIBUTIONS DESCRIBED ABOVE ARE REPORTABLE IN TAX YEAR 2023.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here /s/Sharon Ferrari Signature > Date > DIRECTOR PRODUCT MANAGEMENT Print your name ► SHARON FERRARI Title 🕨 Preparer's signature Date Print/Type preparer's name PTIN Check if Paid self-employed MICHAEL J MOONEY Preparer Firm's name ► ERNST & YOUNG U.S. LLP Firm's EIN ► Use Only Firm's address ► ONE MANHATTAN WEST NEW YORK, NY 10001-8604 Phone no. 212-773-3000

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

ABRDN NATIONAL MUNICIPAL INCOME FUND EIN: 41-1737161 FORM 8937 ATTACHMENT

CUSIP	TICKER	EX DATE:	RECORD DATE:	PAYABLE DATE:	DISTRIBUTION AMOUNT PER SHARE	TAXABLE DIVIDEND PERCENTAGE PER SHARE	RETURN OF CAPITAL PER SHARE	TAX EXEMPT DIVIDEND PERCENTAGE PER SHARE
24610T108	VFL	1/19/2023	1/20/2023	1/27/2023	0.04500	0.00009	0.03073	0.01418
24610T108	VFL	2/16/2023	2/17/2023	2/24/2023	0.04500	0.00009	0.03073	0.01418
24610T108	VFL	3/23/2023	3/24/2023	3/31/2023	0.04500	0.00009	0.03073	0.01418