## Edgar Filing: GRAY TELEVISION INC - Form 4

GRAY TELE Form 4	EVISION INC										
January 03, 2	2014										
FORM									-	APPROVAL	
	UNITED	STATES		RITIES A			NGE (	COMMISSIO	N OMB Number:		
Section 16. Form 4 or Form 5 obligations may continue. Filed pursuant to Section 17(a) of the			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940							January 31 Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type R	Responses)										
	ddress of Reporting HLTON H JR	Person <u>*</u>	Symbol	er Name <b>an</b>			-	5. Relationship Issuer	of Reporting I	Person(s) to	
			GRAY TELEVISION INC [GTN] 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2014					(Ch	eck all applica	able)	
(Last) (First) (Middle) 4370 PEACHTREE ROAD,NE								X Director 10% Owner X Officer (give title Other (specify below) below) Chairman & CEO			
ATLANTA,	(Street) GA 30319			endment, D onth/Day/Yea	-	al		6. Individual or Applicable Line) _X_ Form filed by Form filed by Person	y One Reporting	g Person	
(City)	(State)	(Zip)	Tah	de I - Non-	Derivativ	Secur	ities Ac	quired, Disposed	of or Benefi	rially Owned	
	2. Transaction Date (Month/Day/Year)	Execution any	ed Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ties Aco sposed	quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Common Stock				Code v	Timount		Thee	676	Ι	By 401(k) plan	
Class A Common Stock								58,575	I	Spouse	
Class A Common Stock								500	I	Children	
Common Stock								35,000	Ι	Delta Fire & Casualty Insurance	

								Co.
Class A Common Stock						33,750	I	Delta Fire & Casualty Insurance Co.
Common Stock						10,000	Ι	Delta Life Insurance Co.
Class A Common Stock						135,795	Ι	Delta Life Insurance Co.
Class A Common Stock						221,706	I	Bankers Fidelity Life Insurance Co.
Common Stock						56,000	Ι	Atlantic American Corporation
Class A Common Stock						658,566	Ι	Atlantic American Corporation
Common Stock						50,000	I	American Southern Insurance Co.
Class A Common Stock						77,170	D	
Common Stock						592,369	D	
Common Stock	01/01/2014	F	2,799	D	\$ 14.88	24,955	Ι	Spouse
Common Stock						832,500	I	Trust F/B/O Children
Class A Common Stock						563,900	I	Trust F/B/O Children

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	· (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
HOWELL HILTON H JR 4370 PEACHTREE ROAD,NE ATLANTA, GA 30319	Х		Chairman & CEO					
Signatures								
/s/ Dottie Boudreau by Power of Attorney		01/03/2014						
<u>**</u> Signature of Reporting Person		Date						

## **Explanation of Responses:**

\* 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. 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.