FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

onger subject to	STATEMENT

OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

Check this box if no longer sub Section 16. Form 4 or Form 5 obligations may continue. See

Instruc	tion 1(b).				File							ies Exchar mpany Act			34			nouis	per rec		0.0
	nd Address		eporting Person*							ker or Tra								p of Reportin blicable) ctor	g Pers	. ,	
(Last) 9601 S. I	(MERIDIA	First	,	Middle)				of Earlies 2015	st Trans	saction (N	/lonth/	Day/Year)				X	Offic below	′	irmar	below)	specify
(Street) ENGLE	WOOD (CO	8	80112		4. If	Ame	endment	, Date o	of Origina	al Filed	I (Month/D	ay/Ye	ar)		5. Indiv ine)	Forn	r Joint/Group n filed by One n filed by Mor	e Repo	orting Pers	on
(City)	(State		Zip)																	
				e I - No			_			_	, Dis	posed o									
1. Title of S	Security (In	str.	3)		2. Transa Date (Month/D		ır) E	2A. Deen Execution f any Month/D	n Date,	Code	action (Instr.	4. Securi Disposed 5)					Secur Benef	icially d Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount		(A) or (D)	Pric	e	Trans	action(s) 3 and 4)			(111311. 4)
Class A C	Common S	ctoc	k		12/28/	/2015				G	V	2,140,7	705	D	5	\$ <mark>0</mark>	5	01,185		D	
Class A C	Common S	Stoc	k		12/28/	/2015				G	V	2,140,7	705	A		60	2,1	167,705		I	I ⁽¹⁾
Class A C	Common S	stoc	k														1	.5,890		I	I ⁽²⁾
Class A C	Common S	Stoc	k															235		I	I ⁽³⁾
Class A C	Common S	Stoc	k														1	.9,604		I	I ⁽⁴⁾
Class A C	Common S	Stoc	k															2,043		I	I ⁽⁵⁾
			Та									sed of, onvertik					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercise Price of Derivative Security	n [. Transaction Date Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed n Date,	4. Transa Code (l	ction	5. Nu of Deriv Secu Acqu (A) o Disp	umber vative urities uired or osed) r. 3, 4		Exercis	sable and	7. T Am Sec Und	itle and ount of curities derlying ivative curity (In:		8. Pi		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D 0 (!	0. Iwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nun of	ount mber ires						
	nd Address (eporting Person*																		
(Last) 9601 S. I	MERIDIA	-	irst) BLVD.	(Mide	dle)																
(Stroot)							-														

(Last)	(First)	(Middle)	
9601 S. MERIDIA	N BLVD.		
(Street)			
ENGLEWOOD	СО	80112	
(City)	(State)	(Zip)	
1. Name and Address ERGEN CAN			
(Last)			
(Lasi)	(First)	(Middle)	
9601 S. MERIDIA	, ,	(Middle)	
` ,	, ,	(Middle)	
9601 S. MERIDIA	, ,	(Middle) 80112	

- 1. The shares are held by a charitable foundation. The reporting person is an officer of the charitable foundation and has both investment control and voting power for the foundation. The reporting person disclaims beneficial ownership of the shares, except to the extent of their pecuniary interest therein.
- 2. The shares are held by a custodian for the reporting person's children. The reporting person disclaims beneficial ownership of the shares, except to the extent of their pecuniary interest therein.
- 3. Held by Mrs. Cantey M. Ergen.
- 4. Held by Mr. Charles W. Ergen in a 401(k) account.
- 5. Held by Mrs. Cantey M. Ergen in a 401(k) account.

Remarks:

/s/ Charles W. Ergen by

Brandon Ehrhart his Attorney 12/30/2015

in Fact

/s/ Cantey M. Ergen by

Brandon Ehrhart her Attorney 12/30/2015

in Fact

** Signature of Reporting Person 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.