FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL					
	OMB Number:	3235-0287					
II	Estimated average burden						
	hours per response:	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or s	Section	1 30(h)	of the I	nvestme	nt Co	mpany Act	of 1940)								
1. Name and Address of Reporting Person* TOWERVIEW LLC						2. Issuer Name and Ticker or Trading Symbol SAGA COMMUNICATIONS INC [SGA]											o of Reportin blicable) ctor	g Pers	. ,		
(Last) (First) (Middle) 460 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/28/2016										Office below	er (give title v)		Other (specify below)		
(Street) NEW YORK NY 10022 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									3. Indiv Line) X	Form filed by One Reporting Person					
		Tabl	le I - No	n-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	sposed o	f, or	Ben	efici	ally	Owne	ed				
Date			2. Transa Date (Month/D		Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)						ties cially I Following	Form: Dire (D) or Indi		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D) Price		!	Transaction(s) (Instr. 3 and 4)				(11341.4)		
Class A C	ommon Sto	ock		12/28	/2016	016			S		700		D	\$51.1		1,213,179			D		
Class A Common Stock 12.				12/28	/2016	2016					104]	D	\$51.25		1,213,035			D		
Class A Common Stock 12/29/				/2016	016		S		63]	D	\$51.1		1,212,972			D				
Class A Common Stock 12/29/2016								S		305 D \$		\$51.	.125	5 1,212,667			D				
		Та									osed of, onvertib					vned					
1. Title of Derivative Security (Instr. 3)			ative rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)								9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or Nui of	mber ares							
	d Address of RVIEW I	Reporting Person*																			

1. Name and Address of Reporting Person* TOWERVIEW LLC									
(Last)	(First)	(Middle)							
460 PARK AVENUE									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>TISCH DANIEL R</u>									
(Last)	(First)	(Middle)							
460 PARK AVENUE									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							

Explanation of Responses:

 Daniel R. Tisch
 12/29/2016

 Daniel R. Tisch
 12/29/2016

 ** 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.