FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPRO                | OVAL          |  |  |  |  |
|--------------------------|---------------|--|--|--|--|
| OMB Number:              | 3235-<br>0104 |  |  |  |  |
| Estimated average burden |               |  |  |  |  |
| hours per response:      | 0.5           |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*  Edward K. Christian Trust |  | Requiring S<br>(Month/Day | 2. Date of Event Requiring Statement (Month/Day/Year) 08/19/2022  3. Issuer Name <b>and</b> Ticker or Trading Symbol SAGA COMMUNICATIONS INC [ SGA ] |                            |  |                                   |  |                   |  |                            |  |
|---|--|---------------------------|--|----------------------------|--|-----------------------------------|--|-------------------|--|----------------------------|--|
| (Last) 500 WOOD   | (Last) (First) (Middle) 500 WOODWARD AVENUE            |                           |  |                            | Relationship of Reporting Person(s) to Issuer (Check all applicable)               |                                   |  |                   | 5. If Amendment, Date of Original Filed (Month/Day/Year) |                            |  |
| SUITE 4000  |  |                           |  | Officer (give title below) |  | % Owner<br>her (specify<br>low)   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting |                   |  |                            |  |
| (Street) DETROIT  | MI   | 48226                     | ,  |                            |  |                                   |  |                   | Person   | by More than One<br>Person |  |
| (City)  | (State)  | (Zip)                     |  |                            |  |                                   |  |                   |  |                            |  |
|   | Table I - Non-Derivative Securities Beneficially Owned |                           |  |                            |  |                                   |  |                   |  |                            |  |
| 1. Title of Security (Instr. 4)                                     |  |                           |  |                            |  |                                   | Nature of Indirect Beneficial     Ownership (Instr. 5)                                     |                   |  |                            |  |
| 1. Title of Sec   | eurity (Instr. 4)                                      |                           |  | i                          | 2. Amount of Securities<br>Beneficially Owned (Instr.<br>4)                        | Form: I<br>(D) or I               | Direct<br>ndirect  |                   |  |                            |  |
| Common Sto  | ,  |                           |  | i                          | Beneficially Owned (Instr.   | Form: I<br>(D) or II<br>(I) (Inst | Direct<br>ndirect  |                   |  |                            |  |
|   | ,  |                           |  | Perivative                 | Beneficially Owned (Instr.<br>4)   | Form: I<br>(D) or II<br>(I) (Inst | Direct<br>ndirect<br>r. 5)   | Own               |  |                            |  |
| Common Sto  | ,  | (e.g.                     |  | Perivative<br>ls, warran   | Reneficially Owned (Instr. 4)  783,594  Securities Beneficiants, options, converti | Form: I (D) or II (I) (Inst       | Direct<br>ndirect<br>r. 5)   | )<br>sion<br>cise |  |                            |  |

Explanation of Responses:

/s/ Michael L. Dallaire,

Co-Trustee

\*\* Signature of Reporting Person Date

08/29/2022

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.