FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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

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						Issuer Name and Ticker or Trading Symbol AGA COMMUNICATIONS INC [SGA]									5. Relationship of Repo (Check all applicable) Director			ting Person(s) to Issuer X 10% Owner		
(Last) (First) (Middle) 460 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017										Officer (give title Other (specify below) below)					
(Street) NEW YORK NY 10022 (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
		Tab	le I - No	n-Deriva	ative \$	Sec	curitie	s Ac	quired	, Dis	posed (of, o	r Ben	eficia	ally O	wne	ed			
Date				2. Transa Date (Month/D) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.							ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	V	Amount	:	(A) or (D)	Price	Transa		ction(s) 3 and 4)			(111341.4)	
Class A Common Stock 0				01/13	/2017	2017		S	Τ	100	100		\$51	1.1	1 1,207,235			D		
		Ta	able II - I								sed of, onvertil					ned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Trity or Exercise (Month/Day/Year) if any			ansaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code \	,	(A)	(D)	Date Exercis		Expiration Date	Titl	or Nur of	ount mber ares						
1. Name and Address of Reporting Person* TOWERVIEW LLC						- '					•	•					•			
(Last) (First) (Middle) 460 PARK AVENUE																				

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:

Remarks:

1. In addition to TowerView LLC this Form 4 is being jointly filed by Daniel R. Tisch, who is General Member of, and has the same business address as, TowerView LLC and may be deemed to have a pecuniary interest in securities owned it.

> Daniel R. Tisch 01/18/2017 Daniel R. Tisch 01/18/2017 Date

** Signature of Reporting Person

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.