(City)

(Last)

(Street) NEW YORK

(City)

(State)

(First)

NY

(State)

1. Name and Address of Reporting Person*

TISCH DANIEL R

460 PARK AVENUE

(Zip)

(Middle)

10022

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

oox if no longer subject to	STATEMENT

OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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

msuuc	uon 1(b).			File							mpany Act			34			1			
1. Name and Address of Reporting Person* TOWERVIEW LLC						2. Issuer Name and Ticker or Trading Symbol SAGA COMMUNICATIONS INC [SGA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 460 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 01/10/2017										Officer (give title Other (specify below)				
(Street) NEW YORK NY 10022					4. 11	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				
(City)	(St		Zip)		<u> </u>															
1 Title of 6	Coourity (Inot		e I - No	n-Deriv		_	CUritie 2A. Deem		quired,	Dis	posed o						ount of	6. Ownership	7. Nature	
1. Title of Security (Instr. 3)			Date (Month/D		ır) E	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (I		f (D) (Instr. 3, 4		4 and 5) S B		ties cially d Following ted	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	ount (A) or (D) Pri		Price	Trans		action(s) 3 and 4)		(IIISU: 4)			
Class A C	01/10/2017				S		1	D \$		\$5	1.1	1,209,719		D						
Class A Common Stock				01/10/2017				S		127		D \$5		.15	1,209,592		D			
Class A Common Stock				01/11/2017				S		727	727 D		\$5	51.1 1,3		208,865	D			
Class A Common Stock				01/11/2017				S		202	02 D		\$51	,,.		208,663	D			
Class A Common Stock				01/11/	2017			S		100	D \$5		\$51		1,208,563		D			
	ass A Common Stock 01/11/2017					+					828		D				207,735	D		
Class A Common Stock 01/11/2017							S		400			\$51				D				
		Та									osed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transactior Code (Instr. 8)		on of		6. Date E Expiration (Month/E	n Dat		Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Prio Deriva Secur (Instr.	ative ity	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	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Title Shar							
	nd Address of	Reporting Person*																		
(Last) (First) (Middle) 460 PARK AVENUE																				
(Street) NEW Y	ORK	NY	100	22																

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
 01/11/2017

 Daniel R. Tisch
 01/11/2017

** 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.