FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 subject to
Section 16. Form 4 or Form 5
obligations may continue. See

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

instruct	ion 1(b).			File							es Excnanç ∩pany Act o			+				
		Reporting Person*			2. Is:	suer	Name a	ınd Tick	er or Trad	ding S	Symbol				elationshi		ig Person(s) to	Issuer
TOWERVIEW LLC				SAGA COMMUNICATIONS INC [SGA]									(Dire	,	X 10%	Owner	
(Last) (First) (Middle) 460 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 10/18/2016									Offic belo	er (give title w)	Othe below	r (specify v)	
,					4. If	Ame	endment	, Date o	f Original	Filed	(Month/Da	ay/Yea	r)			r Joint/Group	Filing (Check	Applicable
(Street) NEW YORK NY 10022												•		One Reporting Person More than One Reporting				
(City)	(St	ate) (Zip)															
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficiall	y Own	∍d		
1. Title of S	e of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		r) I	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						Secur Benef Owner	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		A) or D)	Price		ted action(s) 3 and 4)		(Instr. 4)
Class A C	ommon Sto	ock		10/18	8/2016				S		861		D	\$46.5	1,3	304,500	D	
Class A Common Stock			10/18/2016					S		1,000)	D	\$46.6	1,3	303,500	D		
Class A Common Stock			10/18/2016					S		1,000)	D	\$46.7	1,3	302,500	D		
Class A Common Stock			10/18/2016					S		453		D	\$46.8	1,3	302,047	D		
Class A Common Stock			10/19/2016					S		547		D	\$46.8	1,3	301,500	D		
Class A Common Stock			10/19/2016					S		1,000)	D	\$46.9 1,3		300,500	D		
Class A Common Stock				10/19/2016					S		173		D	\$47	1,3	300,327	D	
		Та	ble II - [sed of, onvertib				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed Date,	4. Transac Code (I 8)	ction	5. Nu of	mber rative rities ired r osed)	6. Date E Expiratio (Month/D	xercis n Date	able and	7. Tit Amor Secu Unde Deriv	le and unt of rities rlying rative rity (Ins	8. D S (I	Price of erivative ecurity nstr. 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	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber				
	d Address of RVIEW I	Reporting Person*																
(Last) 460 PAR	K AVENUI	(First)	(Mido	ile)														
(Street)						-												

TOWERVIE	<u>N LLC</u>	
(Last)	(First)	(Middle)
460 PARK AVE	NUE	
(Street)		
NEW YORK	NY	10022
(City)	(State)	(Zip)
1. Name and Addres		on [*]
(Last)	(First)	(Middle)
460 PARK AVE	NUE	
(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 by it.

 Daniel R. Tisch
 10/19/2016

 Daniel R. Tisch
 10/19/2016

** 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.