SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	ions may contir tion 1(b).	iue. See		File							ies Exchan			34		hours	per response:	0.5	
1 Name or	nd Address of	Reporting Person*									mpany Act o	of 194	0	5	. Relationsh	ip of Reportin	g Person(s) to I	ssuer	
						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) 500 PAR	(Last) (First) (Middle) 500 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 08/08/2012									Officer (give title Other (specify below) below)				
(Street) NEW Y(. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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	ate) (Zip)																
		Tabl	e I - No	n-Deriv	vative	e Se	ecuritie	es Acq	uired,	Dis	posed o	f, or	Ben	efici	ally Own	ed			
Date			Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						nd Secur Benet Owne	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		A) or D)	Price		rted action(s) 3 and 4)		(Instr. 4)	
Class A C	Common Sto	ock		08/08	8/2012	2			Р		66,206	6	Α	\$35	5.25 9	49,900	D		
Class A Common Stock 08/08/2			8/2012	2012		Р		100		Α	\$35	5.24 9	50,000	D					
Class A Common Stock 08/08/2				8/2012	2012		Р		10,000		Α	\$3	35 9	60,000	D				
Class A C	Common Sto	ock		08/08	8/2012	2012			Р		10,000)	Α	\$ <mark>3</mark> 4	4.9 9	70,000	D		
Class A C	Common Sto	ock		08/08	8/2012	2012		Р		1,533		Α	\$ <mark>3</mark> 4	4.8 9	71,533	D			
		Та									osed of, onvertib				y Owned				
1. Title of Derivative Security (Instr. 3)	f 2. 3. Transaction 3A. Deemed 4. Conversion Date Execution Date, Transaction or Exercise (Month/Day/Year) if any Code (I		ransaction ode (Instr. Derivative (I			6. Date Exercisable and Expiration Date (Month/Day/Year) Derivative Security (Instr. : 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	v	(A)		Date Exercisa		Expiration Date	Title	or Nur of	ount nber ıres					
1. Name and Address of Reporting Person* <u>TOWERVIEW LLC</u>																			
(Last) 500 PAR	K AVENUI	(First) E	(Mide	dle)															
(Street) NEW YO	ORK	NY	100	22		_													
(City)		(State)	(Zip)																

1. Name and Address of Reporting Person^*

TISCH DANIEL R									
(Last)	(First)	(Middle)							
500 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

Daniel R. Tisch Daniel R. Tisch

<u>08/08/2012</u> <u>08/08/2012</u>

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.