SEC Form 4	
------------	--

Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

-				_							-						
1. Name and Address of Reporting Person* Leland Wayne					2. Issuer Name and Ticker or Trading Symbol <u>SAGA COMMUNICATIONS INC</u> [ SGA ]								ip of Reporting Person(s) to Is plicable) ctor 10% Ov				
(Last) C/O SAC	(Last) (First) (Middle) C/O SAGA COMMUNICATIONS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/07/2023								Other below PERATIONS	,		
73 KERCHEVAL AVENUE				4. lf A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) GROSSE POINTE MI 48236													n filed by Mo	e Reporting Pe ore than One Re			
POINTE FARMS	2 I <b>VI</b> I	4	8230	Rule	Rule 10b5-1(c) Transaction Indication												
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In												
		Table	I - Non-Deri	vative S	ecuritie	es Acai	Jired.	Disr	osed of.	or Ber	efici	ally Owr	ad				
1. Title of Security (Instr. 3) Date (Month/Date)								-105		••• =••			leu				
	Security (Inst	ir. 3)	Date		2A. Deen Executio if any	med	3. Transa Code (I 8)	ction	4. Securitie Disposed C 5)	s Acquire	d (A) or	5. Am Secur Benef Owne	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
	Security (Ins	ir. 3)	Date		2A. Deen Executio if any	med on Date,	3. Transa Code (I	ction	4. Securitie Disposed O	s Acquire	d (A) or	nd 5. Am Secur Benef Owne Repor Trans	ount of ities icially d Following	Form: Direct (D) or Indirect	of Indirect Beneficial		
	Security (Inst		Date (Month		2A. Deen Executio if any	med on Date,	3. Transa Code (I 8)	ction Instr.	4. Securitie Disposed C 5)	s Acquire If (D) (Inst	d (A) or r. 3, 4 a	nd Secur Benef Owner Repor Trans (Instr.	ount of ities icially d Following ted action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership		
Class A (		ock	Date (Month	/Day/Year)	2A. Deen Executio if any	med on Date,	3. Transa Code (1 8) Code	ction Instr.	4. Securitie Disposed C 5) Amount	s Acquire f (D) (Inst (A) or (D)	d (A) or r. 3, 4 a Price	5. Am Secur Benef Owne Repor Transa (Instr.	ount of ities icially d Following ted action(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
Class A (	Common St	ock	Date (Month 12/0 Die II - Deriva	/Day/Year) 7/2023	2A. Deen Executio if any (Month/D	med on Date, Day/Year)	3. Transa Code (f 8) Code A	ction Instr. V	4. Securitie Disposed C 5) Amount 7,350	s Acquire of (D) (Inst (A) or (D) A A r Bene	d (A) or r. 3, 4 a Price \$0 ficial	S. Am Secur Benef Owne Repor Trans: (Instr.	ount of ities icially d Following ted action(s) 3 and 4) 4,700 1,103	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4) In 401(k)		

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transa Code ( 8)		Secu Acqu (A) o Dispo of (D	rivative (Month/Day/Year) ccurities quired ) or sposed (D) str. 3, 4					Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

/s/ Bradley J. Wyatt, Attorney-12/11/2023

in-Fact

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.