## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 Instruction 1(b).

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

					01 3	Secu	on 30(n)	or the i	mvesimer	it Con	ірапу Асі	01 1940								
							. Issuer Name <b>and</b> Ticker or Trading Symbol SAGA COMMUNICATIONS INC [ SGA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle) 500 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/29/2009										er (give title w)		(specify		
(Street) NEW YORK NY 10022  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Tab	le I - Nor	າ-Deriva	ative	Se	curitie	s Ac	quired,	Disp	osed o	f, or I	3ene	ficial	ly Own	ed				
			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		A) or 3, 4 and	I Securi Benefi	icially d Following	Form:	nership Direct Indirect etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A (D	) or )	Price	Transa	action(s) 3 and 4)			(111311.4)	
Class A C	Common St	ock		05/29	/2009	9			P		300		A	\$6.4	6.4 460,319			D		
		Ta	able II - D								sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution I of the privative Security (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  1. Transaction Date (Month/Day/Year)  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)		Date, Transaction					6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (	s. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	vnership orm: rect (D) Indirect	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	ber						
1. Name and Address of Reporting Person* <u>TISCH DANIEL R</u>																				
(Last) (First) (Middle)					- $ $															

1. Name and Address of Reporting Person* <u>TISCH DANIEL R</u>								
(Last)	(First)	(Middle)						
500 PARK AVENU								
(Street)								
NEW YORK	NY	10022						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  TOWERVIEW LLC								
(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 pecuniary interest in securities owned by it.

> Daniel R. Tisch 06/01/2009 Daniel R. Tisch 06/01/2009 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.