### FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

shington, D.C. 20549

Washington, D.C. 20

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

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

					OI S	secu	ion 30(n)	or the r	nvesimer	il Con	npany Act	01 1940							
Name and Address of Reporting Person*     TOWERVIEW LLC					2. Issuer Name <b>and</b> Ticker or Trading Symbol SAGA COMMUNICATIONS INC [ SGA ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
TOWL	CVIL VV I	<u>JLC</u>											Dire	ector	y	X 10% C	)wner		
(Last) 460 PAR	(Fi K AVENUI	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/21/2017									Offi bel	cer (give title ow)		Other below)	(specify
(Street) NEW YO			0022 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual Line)								e) For <sub>V</sub> For	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Noı	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or l	Bene	eficial	ly Owr	ed			
			Date	ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				(A) or 3, 4 and	Secu Bene Own	nount of rities ficially ed Following	Forn (D) d	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A (D	) or )	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(1130.4)			
Class A Common Stock			02/21	/2017	2017			S		59		D	\$51.2	5 1	1,203,968		D		
		Та									sed of, onvertib				Owne	d			
			Transa Code (	ransaction of ode (Instr. Derivation		rative rities ired r osed )	6. Date E Expiratio (Month/D	n Date	Amount of		1 5	. Price of Perivative Security Instr. 5)		, [C	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 Sha	.					
	d Address of RVIEW I	Reporting Person*																	

1. Name and Address of Reporting Person*  TOWERVIEW LLC								
(Last)	(First)	(Middle)						
460 PARK AVENUE								
(Street)								
NEW YORK	NY	10022						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  TISCH DANIEL R								
(Last)	(First)	(Middle)						
460 PARK AVENUE								
(Street)								
NEW YORK	NY	10022						
(City)	City) (State)							

#### **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 02/27/2017 Daniel R. Tisch 02/27/2017 \*\* 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.