### Edgar Filing: MEDIA GENERAL INC - Form 4

MEDIA GE	NERAL INC										
Form 4											
September (	04, 2015										
FORM	<b>14</b>						NOD		Т	PPROVAL	
	UNITED	STATES S		RITIES A			NGE	COMMISSION	N OMB Number:	3235-0287	
Check the check	ger								Expires:	January 31,	
subject t		MENT OF	CHAN			ICIA	LOV	WNERSHIP OF	Estimated	2005 average	
Section		SECURITIES burden hours p								urs per	
Form 4 Form 5		managet to Co	ation 1	16(a) of the	. C		Zer als as	A -t -f 1024	response	. 0.5	
obligatio	-							nge Act of 1934, of 1935 or Section			
may cor	lunue.			nvestment	•	· ·	•		011		
<i>See</i> Insta 1(b).	ruction	50(11) 0		ii vestinent	i compu	19 7 10	. 01 1	<i>y</i> 10			
-(-).											
(Print or Type	Responses)										
	Address of Reporting			er Name <b>an</b>	<b>d</b> Ticker or	Tradi	ng	5. Relationship of Issuer	of Reporting Per	Reporting Person(s) to	
Carington A	Andrew C.		Symbol			DÆ		155001			
		Ν	MEDIA	A GENER	KAL INC	IME	G	(Che	eck all applicabl	e)	
(Last)	(First) (			of Earliest T	ransaction						
333 E A ST	FRANKLIN STR			fonth/Day/Year) 9/03/2015			Director X Officer (giv		% Owner her (specify		
555 LAST	I'KANKLIN SIN		1910312	2013				below)	below)		
								VP an	nd General Cour	isel	
	(Street)			endment, D	-	ıl		6. Individual or .	Joint/Group Fili	ng(Check	
		ŀ	filed(Mo	onth/Day/Yea	r)			Applicable Line) _X_ Form filed by	One Reporting P	erson	
RICHMON	ID, VA 23219							Form filed by	More than One R		
	(2, ) 11 20 21 2							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed		3.	4. Securit				6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution D	ate, if	Transactio	-				Form: Direct	Indirect	
(Instr. 3)		any (Month/Day)	/Year)	Code (Instr. 8)	Disposed (Instr. 3, 4			•	(D) or Indirect (I)	Ownership	
		(infoliait Duj)	(1041)	(msu: o)	(1150.5,	i una .	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(			
Reminder: Re	port on a separate line	e for each clas	s of sec	urities bene	ficially ow	ned di	rectly o	or indirectly.			

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of Derivative Security	(Mont	h/Day/Year)	(Instr. 8		Deriv Secur Acqui (A) or Dispo of (D) (Instr. 4, and	rities ired r osed ) : 3,					(Instr. 5)
				Code	V	(A)	· · ·	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	09/03/2015		А		45		(2)	(2)	Voting Common Stock (no par value)	45	<u>(1)</u>

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Carington Andrew C.			VP and					
333 EAST FRANKLIN STREET			General					
RICHMOND, VA 23219			Counsel					

## Signatures

/s/ Andrew C. Carington	09/04/2015			
**Signature of Reporting Person	Date			

## **Explanation of Responses:**

- \* 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).
- (1) Units acquired under the Company's Supplemental 401(k) deferred compensation plan. Each unit is the economic equivalent of one share of common stock.
- (2) Units are payable in cash following the termination of the reporting person's employment. Upon attaining age 55, the reporting person may transfer the units into an alternative investment account at any time.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.