Edgar Filing: SHENANDOAH TELECOMMUNICATIONS CO/VA/ - Form 4

| SHENANDO Form 4 | DAH TELECO | MMUNIC. | ATIONS | CO/VA/ | | | | | | | |
|--|--|--|--|--|-------------|------------|---|---|---|-----------|--|
| February 17, | | | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. r Filed p inue. | FEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES pursuant to Section 16(a) of the Securities Exchange Act of 1934, 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | Expires: Estimated a burden hou response | rs per | |
| (Print or Type F | Responses) | | | | | | | | | | |
| John W Flora Symbol SHENA TELEC CO/VA (Last) (First) (Middle) 3. Date of (Month/D PO BOX 459 02/16/20 (Street) 4. If Ame | | | 2. Issuer Name and Ticker or Trading Symbol SHENANDOAH TELECOMMUNICATIONS CO/VA/ [SHEN] | | | | ıg | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director Officer (give title 10% Owner Other (specify below) | | | |
| | | | 3. Date of (Month/D | Date of Earliest Transaction Aonth/Day/Year) 2/16/2017 | | | | | | | |
| | | | mendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| EDINBURG | G, VA 22824 | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ities Acc | uired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | | d of 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 02/16/2017 | | | A | 3,226 | A | \$ 0 | 19,333 | D | | |
| Common Stock | 02/16/2017 | | | F | 991 | D | \$ 27.9 | 18,342 | D | | |

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

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

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | Transaction of Derivative Code Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|-------|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Restricted Stock Units | (1) | 02/16/2017 | | М | | 3,226 | 02/16/2017 | 02/16/2017 | Common Stock | 3,226 |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | | |
|---|----------|-----------|---------|-------|--|--|--|--|
| reporting o when reality read on | Director | 10% Owner | Officer | Other | | | | |
| John W Flora PO BOX 459 EDINBURG, VA 22824 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Raymond B Ostroski Attorney in fact for John02/17/2017Flora02/17/2017 | | | | | | | | |
| <u>**</u> Signature of Reporting P | | Date | | | | | | |
| Explanation of Responses: | | | | | | | | |
| * If the form is filed by more than one reporting person, <i>see</i> 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) Each restricted stock unit represents a contingent right to receive one share of common stock.

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.