FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN B	SENEFICIAL OWNERSHI	Р

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Section obligat	this box if no long 16. Form 4 or ions may continuition 1(b).		STATEMI	led purs	suant	to Section	n 16(a) of the Secu	urities	Exchar	nge Act of 2		RSHIP	Esti	B Numb imated a irs per re	verage burde	3235-0287 n 0.5	
1. Name and Address of Reporting Person* DOLAN JAMES LAWRENCE (Last) (First) (Middle)				2. I A	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol AMC Networks Inc. [AMCX] 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2019								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title X Other (specify below) Member of 13D Group					
PO BOX (Street)		R GROUP LLC					Date	of Original F	iled (N	Month/D	ay/Year)		. Individual o				plicable	
OYSTEI (City)			11771 (Zip)	-									Form filed by One Reporting Person Y Form filed by More than One Reporting Person					
	Security (Ins	Tab	le I - Non-Der	ivative	1	CUritie:	ed	3.	<u> </u>	4. Securi	of, or Be	red (A) oi	5. Amo	ount of			7. Nature	
			(Month/Day/Year) if any (Month/Day/Year) Code (Instr. 5) Code V Amount (A) or (D)				Benefi Owned Report Transa	cially (D) d Following (I) (I		or Indirect nstr. 4)	Beneficial Ownership (Instr. 4)							
		Т	able II - Deriv (e.g.,					uired, Dis s, options							,			
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. Transa Code (8)			tive ties red	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative (Instr. 3 and		f s g Security	8. Price of Derivative Security (Instr. 5)		ve es ially ng ed etion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Exp Dat	oiration e	Title	Amoun or Numbe of Shares						
Restricted Stock Units	(1)	06/12/2019		A		2,477		(2)		(2)	Class A Common Stock	2,477	(3)	20,9)38	D ⁽⁴⁾		
Restricted Stock Units	(1)	06/12/2019		A		2,477		(2)		(2)	Class A Common Stock	2,477	(3)	20,9)38	I ⁽⁵⁾	By spouse	
		Reporting Person*	<u> </u>		_													

DOLAN JAMES LAWRENCE								
(Last)	(Middle)							
KNICKERBOCKER GROUP LLC								
PO BOX 420								
(Street)								
OYSTER BAY	NY	11771						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* Dolan Kristin A								
(Last)	(Middle)							
KNICKERBOCKER GROUP LLC								
PO BOX 420								
(Street)								
OYSTER BAY	NY	11771						
(City)	(State)	(Zip)						

Explanation of Responses:

- 2. The restricted stock units are fully vested on the date of the grant and will be settled in cash or in stock on the first business day 90 days after service on the Board of Directors ceases.
- 3. Granted under the AMC Networks Inc. 2011 Amended and Restated Stock Plan for Non-Employee Directors for no consideration.
- 4. Securities held directly by James L. Dolan, Kristin A. Dolan's spouse. Ms. Dolan disclaims beneficial ownership of these securities and this filing shall not be deemed an admission that Ms. Dolan is, for the purposes of Section 16 or for any other purpose, the beneficial owner of such securities.
- 5. Securities held directly by Kristin A. Dolan, James L. Dolan's spouse. Mr. Dolan disclaims beneficial ownership of these securities and this filing shall not be deemed an admission that Mr. Dolan is, for the purposes of Section 16 or for any other purpose, the beneficial owner of such securities.

Remarks:

 /s/ James L. Dolan
 06/14/2019

 /s/ Kristin A. Dolan
 06/14/2019

 ** 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.