## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

eck this box if no longer subject to	
tion 16. Form 4 or Form 5	
gations may continue. See	

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

	ions may cont tion 1(b).	inue. See		File					a) of the Secu				934			hours	per re	sponse:	0.5
1. Name a	nd Address o	f Reporting Person*			2. 19	ssue	r Name <b>a</b>	nd Ti	cker or Tradin	g Sy	ymbol	of 1940					ng Per	rson(s) to Is	suer
(Last) (First) (Middle) C/O MARIANNE ZUK KNICKERBOCKER GROUP LLC, PO BOX 420					<u>MC</u>	Netwo	<u>orks</u>	<u>s Inc.</u> [ AN	4C2	X J			(Check all applicable)  X Director 10% Owner						
					3. Date of Earliest Transaction (Month/Day/Year) 06/06/2017										Officer (give title below)  Member of 1		below)	(specify	
				4. If	f Am	endment,	Date	of Original Fi	led (	(Month/D	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting								
(City)	(5	State)	(Zip)											X	Persor	n ´			Ū
		Tab	le I - Noi	n-Deriv	ative	Se	curitie	s A	cquired, D	isp	osed o	of, or Be	nefi	cially	y Owned	i			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution			Code (Ins	ction Dispos		rities Acquired (A ed Of (D) (Instr. 3,				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	(A) or (D)	or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		7							uired, Dis s, options						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transactioi Code (Instr 8)		n of		6. Date Exercisi Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration ate	Title	Amo or Num of Shar	ber					
Restricted Stock Units	(1)	06/06/2017			A		2,525		(2)		(2)	Class A Common Stock	2,5	25	(3)	16,144	4	D <sup>(4)</sup>	
Restricted Stock Units	(1)	06/06/2017			A		2,525		(2)		(2)	Class A Common Stock	2,5	25	(3)	16,144	4	I <sup>(5)</sup>	By spouse
		f Reporting Person <sup>*</sup> S LAWRENC	CE					,	•					•					
	RIANNE Z ERBOCKE	(First) ZUK R GROUP LLC,	(Midd																
(Street)	R BAY	NY	1177	71															
(City)		(State)	(Zip)																
1. Name a	nd Address o	f Reporting Person*																	

#### (City) (State) Explanation of Responses:

**OYSTER BAY** 

Dolan Kristin A

C/O MARIANNE ZUK

(First)

NY

KNICKERBOCKER GROUP LLC, PO BOX 420

(Middle)

11771

(Zip)

(Last)

(Street)

- 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
 06/08/2017

 /s/ Kristin A. Dolan
 06/08/2017

 \*\* Signature of Reporting Person
 Date

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

- $^{\star}$  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.