Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C. 20549
-------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	0.5							

										mpany Act of						
1. Name and Address of Reporting Person* <u>Kelleher Kimberly</u>				2. Issuer Name and Ticker or Trading Symbol AMC Networks Inc. [AMCX]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(Fi	rst) (l	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/22/2023							X Offi	cer (give title ow)		(specify
11 PENN PLAZA (Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)			
NEW YO	ORK N	Y 1	0001											n filed by Mo	One Reporting Person More than One Reporting	
(City)	(St	ate) (2	Zip)		Ru	Rule 10b5-1(c) Transaction Indication										
										saction was ma ions of Rule 10				truction or writ	ten plan that is in	tended to
		Table	I - Na	n Doriva	41	0										
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				JII-Delive	itive	Secur	ities Acc	quired	I, Dis	posed of,	, or Be	nefici	ally Ow	ned		
1. Title of	Security (Ins		1-14	2. Transacti Date	ion	2A. De Execut if any		3. Transa Code (8)	ction	4. Securities Disposed Of	Acquire	d (A) or	5. Ar Secu Bend Own	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
1. Title of	Security (Ins		1-140	2. Transacti Date	ion	2A. De Execut if any	emed tion Date,	3. Transa Code (ction	4. Securities	Acquire	d (A) or	5. Ar Secu Bend Own Repo	nount of rities ficially ed Following	Form: Direct (D) or Indirect	of Indirect Beneficial
				2. Transacti Date	ion /Year)	2A. De Execut if any	emed tion Date,	3. Transa Code (8)	iction Instr.	4. Securities Disposed Of	Acquire (D) (Inst	d (A) or r. 3, 4 and	5. Ar Secu Bend Own Repo Tran (Inst	nount of rities ficially ed Following rited saction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
AMC Ne		Class A Commo	on	2. Transacti Date (Month/Day	ion //Year) 023	2A. De Execut if any (Month	eemed tion Date, n/Day/Year)	3. Transa Code (8) Code	v Disp	4. Securities Disposed Of Amount	Acquire (D) (Inst	Price	5. Ar Sector Bend Own Report Tran (Inst	nount of rities ficially ed Following rted saction(s) . 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price per share. These shares were sold in multiple transactions at prices from \$15.26 - \$15.33, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

Date

Exercisable

Expiration Date

Acquired (A) or Disposed

(Instr. 3, 4

of (D)

and 5)

(A) (D)

> Anne G. Kelly, attorney-infact for Kim Kelleher

Security (Instr. 3 and 4)

Title

Amount or Number

Shares

11/27/2023

Owned Following Reported

(Instr. 4)

Transaction(s)

** Signature of Reporting Person

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).

Code ν

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.