## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

Section obligati	this box if no long 16. Form 4 or ions may continution 1(b).		STAT		ed purs	suant	to Sectio	n 16(a	a) of t	the Sec	uritie	EFICI es Exchar npany Act	nge Ac	t of 193		SHIP	Es	MB Numb stimated a ours per re	verage burde	3235-0287 n 0.5
l	nd Address of N CHAR	Reporting Person*  LES F					Name a								(Ch	elationship eck all app X Direc	icable)	orting Per	son(s) to Iss	
(Last)	(Fi N PLAZA	rst)	(Middle)			Date o	of Earlies 012	t Tran	nsactio	on (Mon	nth/D	ay/Year)				^ below	,		Cother (something the determinant of the determinan	
(Street) NEW YO			10001 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting Person								
		Tab	le I - Non	-Deriv	ative	e Se	curitie	s Ac	cqui	red, D	isp	osed o	of, or	Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				2A. Deemed Execution Date, if any (Month/Day/Yea			Code (Instr.   5)			(A) or 3, 4 and	5. Amou Securitie Benefici Owned I Reporte		Forr (D) (	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								c	Code \	,	Amount		(A) or (D)	Price	Transa	ction(s) and 4)	on(s)		(111511.4)	
		7	Table II - I (									sed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion Date Execution Date (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year)		Date,		ransaction of Code (Instr. Derivative			Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor	ities icially d ving rted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration ate	Title	0 N	Amount or Number of Shares					
Restricted Stock Units	(1)	03/15/2012			A		7,986		03/1	15/2015	03	3/15/2015	AM Netw In Clas	orks c. s A	7,986	\$0	7,	,986	D <sup>(2)</sup>	

1. Name and Address of Reporting Person*  DOLAN CHARLES F								
(Last)	(First)	(Middle)						
11 PENN PLAZA								
(Street)								
NEW YORK	NY	10001						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  DOLAN HELEN A								
(Last)	(First)	(Middle)						
11 PENN PLAZA								
(Street)								
NEW YORK	NY	10001						
(City)	(State)	(Zip)						

## Explanation of Responses:

- 1. Each restricted stock unit is granted under the AMC Networks Inc. 2011 Employee Stock Plan and represents a right to receive one share of Class A Common Stock or the cash equivalent thereof.
- 2. Restricted stock units held directly by Mr. Dolan and indirectly by his spouse, Mrs. Helen A. Dolan. Mrs. Dolan disclaims beneficial ownership of all securities of AMC Networks Inc. beneficially owned or deemed to be beneficially owned by Mr. Dolan (other than securities in which she has a direct pecuniary interest) 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.

Stock

<u>Dolan</u>

/s/ William A. Frewin,

03/16/2012 Attorney-in-fact for Helen A.

Date

<u>Dolan</u>

\*\* Signature of Reporting Person

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.