FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / a a la i a a 4 a a	D C	20540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL							
OMB Number: 3235-0								
Estimated average burden								
hours nor resnonse	. 0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  TOW LEONARD				AN	2. Issuer Name <b>and</b> Ticker or Trading Symbol AMC Networks Inc. [ AMCX ]						(Ch	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023							Officer below)	(give title		Other (s below)	pecify	
11 PENN PLAZA				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YO	ORK N	Y	10001									X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication												
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		, Transaction Dispose Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Code	/ Amo	ount	(A) or (D) Price		Transac	eported ransaction(s) nstr. 3 and 4)			Instr. 4)		
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)	Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any C			ransaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		nd	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expirati Date	on	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	06/15/2023		A		10,970		(2)	(2)		AMC Networks Inc. Class A Common Stock	10,970	(3)	42,243	3	D	

## Explanation of Responses:

- 1. Each restricted stock unit is granted under the AMC Networks Inc. 2011 Stock Plan for Non? Employee Directors and represents a right to receive one share of Class A Common Stock or the cash equivalent thereof.
- 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 a separation from service.
- $3.\ Granted\ under\ the\ AMC\ Networks\ Inc.\ 2011\ Amended\ and\ Restated\ Stock\ Plan\ for\ Non-Employee\ Directors\ for\ no\ consideration.$

/s/ Anne G. Kelly, Attorney-infact for Leonard Tow

06/20/2023

\*\* 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.