FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|-----------|
| | | | |

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

| Name and Address of Reporting Person* McNamara Sandra Breland | | | | | | 2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [GTN] | | | | | | | | (Che | Officer (give title Oth | | | | ssuer wner specify |
|--|-----------------|---------|-----------|---|---|--|--------|--|-----------------|---------|--|---------------|--------------------------------------|---|---|-----------------------------|--|--|--------------------------|
| (Last) 4370 PE. | (Fir ACHTREE | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024 | | | | | | | |) | below | | | below) | · |
| (Street) | ΓA GA | A 3 | 0319 | | 4. If A | Amend | ment, | Date o | f Origina | al File | d (Month/Da | y/Year | ·) | Line | e) <mark>X</mark> Form | filed by One | e Rep | ng (Check A porting Perso an One Repo | on |
| (City) | (St | ate) (Z | Zip) | | 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. | | | | | | | | | nded to | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | 4 and Securit | | ties cially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | nsaction(s) tr. 3 and 4) | | | (Instr. 4) |
| Common Stock 02/14/2 | | | | 2024 | 024 | | A | | 226,112(1 | l) _ | A | \$8.1 | 35 | 359,909 | | D | | | |
| Common Stock | | | | | | | | | | | | | 6 | 504 ⁽²⁾ | | I | By 401(k) Plan | | |
| 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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) | | | ion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | | (D) | Date Exercis | able | Expiration Date | Title | Num of Shar | | | | | | |

Explanation of Responses:

- 1. Represents grant of restricted stock, one half of which vests in equal annual installments on each of February 28, 2025, February 28, 2026, February 28, 2027, and the other half of which vests, subject satisfied and (ii) February 28, 2027.
- 2. Holdings under the 401(k) Plan have been updated to reflect the reporting person's current balance in the 401(k) Plan.

Remarks:

/s/ Ginger Davis by Power of <u>Attorney</u>

02/16/2024

** 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.