FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANG | ES IN BE | NEFICIAL | OWNERS | HIP |
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| OMB APPRO | IVAL | | | | |
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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

| Name and Address of Reporting Person* Howell Robin Robinson | | | 2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [GTN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|-----------------|--|---|---|--|---|--|---|-------|---------------------|--|-----------------|---|---|--|----------------------|-------------------------------------|----------------------------------|
| <u>110Mell</u> | KUUIII KI | ווטפוווטט | | | | | | | | | | | | X | Direc | | | Owner |
| (Last) 4370 PEA | (Fii ACHTREE | rst) ROAD, NE | (Middle) | | | | Date of Earliest Transaction (Month/Day/Year) 5/07/2019 | | | | | | | | Office | er (give title v) | Other below | (specify) |
| , | | | | | 4. If An | nendmer | nt, Date o | f Original | Filed | (Month/Da | ay/Ye | ear) | 6. Lin | | dual o | r Joint/Group | Filing (Check A | Applicable |
| (Street) ATLANT | 'A GA | A : | 30319 | | | | | | | | | | | X | | filed by Mor | e Reporting Pers re than One Rep | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | 1 010 | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | (A) or 3, 4 and | 4 and Securiti Benefic Owned | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | Code V Amount | | | (A) or (D) | Price | | | ed ction(s) 3 and 4) | | (Instr. 4) | |
| Common | Stock | | | | | | | | | | | | | | (| 5,841 | I | By Spouse's 401(k) plan |
| Class A C | ommon Sto | ock | | | | | | | | | | | | | 8 | 1,635 | D | |
| Class A Common Stock | | | | | | | | | | | | | T | | 500 | I | Children | |
| Class A Common Stock | | | | | | | | | | | | | | 99 | 0,424 | I | Spouse | |
| Common | Stock | | | 05/07/ | 2019 | | | A | | 5,883(| 1) | Α | \$0.0 | 0 | 4 | 0,043 | D | |
| Common | Stock | | | | | | | | | | | | | | 680,259 I Spo | | Spouse | |
| Common | Stock | | | | | | | | | | | | | | 83 | 32,500 | I | Trust F/B/O Children |
| Class A C | ommon Sto | ock | | | | | | | | | | | | | 999,000 I F/ | | Trust F/B/O Children | |
| | | Ta | able II - I | | | | | | | sed of, onvertib | | | | Ow | ned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | ed 4 Date, T | I. 5. Number of Orde (Instr. Derivative | | 6. Date Exercisa Expiration Date (Month/Day/Year | | able and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pric Deriva Securi (Instr. | | 9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | of Pesnons | | | C | Code V | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | |

1. Represents grant of restricted stock, which vests in full on April 30, 2020.

Remarks:

/s/ Dottie Boudreau by Power of Attorney

05/09/2019

** Signature of Reporting Person

Date

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

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.

^{*} 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).