FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL								
OMB Number:	3235-0287								
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0.5

hours per response:

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* HOWELL HILTON H JR (Last) (First) (Middle) 4370 PEACHTREE ROAD,NE (Street) ATLANTA GA 30319 (City) (State) (Zip)		suer Name and Tick				(Ch	eck all applicable) X Director	orting Person(s) to Issuer 10% Owner				
		ate of Earliest Trans 23/2011	action (I	Month	/Day/Year)]	X Officer (give title below) Chairr		Other (specify below)			
ATLANTA GA 30319	4. If	Amendment, Date o	f Origina	al File	d (Month/Day	Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	n-Derivative	Securities Acc	uired	l. Dis	sposed of	. or Bei	neficial	ly Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)		(A) or	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock (GTN)								676(1)	D			
Common Class A Stock (GTN.A)								58,575	I	Spouse		
Common Class A Stock (GTN.A)								500	I	children		
Common Stock (GTN)								35,000	I	Delta Fire & Casualty Insurance Co.		
Common Class A Stock (GTN.A)								33,750	I	Delta Fire & Casualty Insurance Co.		
Common Stock (GTN)								10,000	I	Delta Life Insurance Co.		
Common Class A Stock (GTN.A)								135,795	I	Delta Life Insurance Co.		
Common Class A Stock (GTN.A)								221,706	I	Bankers Fidelity Life Insurance Co.		
Common Stock (GTN)								6,000	I	Georgia Casualty & Surety Co.		
Common Class A Stock (GTN.A)								132,354	I	Georgia Casualty & Surety Co.		
Common Stock (GTN)								50,000	I	Associated Casualty Insurance Co.		
Common Class A Stock (GTN.A)								32,000	I	Associated Casualty Insurance Co.		

1. Title of Security (Instr. 3) Common Stock (GTN)		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	(A) or (D) Price		Transac (Instr. 3	ction(s)		(Instr. 4)	
													50),000	I	American Southern Insurance Co.	
Common	Stock (GT	N)												23	233,077		
Common	Stock (GT	N)												19	199,497		
Common	Class A Sto	ock (GTN.A)	1	2/23/201	1				A		158	A	\$1.	3 68	68,646		
		Та	able II - Dei (e.ç								osed of, convertib				I		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year) if any (Month/Day/Year) Code (ction of			6. Date Exercisable and Expiration Date (Month/Day/Year)		te	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficia Ownershi ct (Instr. 4)	
				Cod	e V	ı	(A)		Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares				
Options- Common Stock (GTN)	\$7.64								02/01/20	010	02/01/2013	GTN	20,000		20,000	D D	

Explanation of Responses:

1. Held in 401K and based on plan statement as of 12/31/07.

Remarks:

Dottie Boudreau by Power of 12/23/2011 <u>Attorney</u>

** 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.