Common Stock

Common Stock

Common Stock

Class A Common Stock

03/19/2013

Common Stock

Common Stock

Common Stock

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
--------------

OMB Number: Estimated average burden

By

Spouse's 401(k) plan

Children Delta Fire & Casualty

Insurance Co.

Delta Fire & Casualty

Insurance Co. Delta Life

Insurance Co.

Delta Life

Insurance Co. **Bankers Fidelity** Life

Insurance Co. by Spouse Atlantic American

Corporation by Spouse Atlantic American

Corporation by Spouse American Southern

Insurance Co. by Spouse

**Spouse** 

Ι

D

I

Ι

Ι

Ι

Ι

Ι

I

I

Ι

D

676

58,575

500

35,000

33,750

10,000

135,795

221,706

56,000

166,354

50,000

69,370

27,754

\$0.00

9,030(1)

A

## Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations ma Instruction 1(b	y continue. <i>See</i> ).	Filed pu	rsuant to Section 16(	a) of the	e Secu	ırities Exchange	1934		hours per response	: 0.5				
`				or Section 30(h) of the										
	ress of Reporting P vin Robinson	erson*		. Issuer Name <b>and</b> Ti GRAY TELEV					Relationship of Releck all applicable  X Director	Reporting Person(s) to Issuer le) 10% Owner				
(Last) 4370 PEACH	(First)		3. Date of Earliest Transaction (Month/Day/Year) 03/19/2013						Officer (giv below)	e title O	ther (specify elow)			
(Street) ATLANTA (City)	GA (State)	30319 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I - N	lon-Derivati	e Securities A	cquire	ed, D	isposed of	, or Be	neficial	ly Owned				
Date			2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)	Execution Date, if any Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Followir Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

			ie i - N	1				_		d, Di	isposed o	-		_		1		
1. Title of S	Security (Inst	r. 3)		2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		ıte,	3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership
							Ī	Code V		Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			03/19/2013					A		110,046(2)	A	\$0.00	592,369		I	I	Spouse
Common	Stock													640	,400	]	I I	Trust F/B/C Children
Class A C	Common Sto	ock												563,900		I		Trust F/B/O Children
		Та	able II								oosed of, convertib			y Owned				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execu urity or Exercise (Month/Day/Year) if any		ution Date, Transa				Expira	e Exer ation D h/Day/			t of ies /ing ive	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					

## Explanation of Responses:

- 1. Represents grant of restricted stock, which vests in full on January 1, 2014.
- 2. Represents grant of restricted stock, which vests in one-third increments on March 19, 2014, March 19, 2015 and March 19, 2016.

## Remarks:

/s/ Dottie Boudreau by Power of Attorney

03/21/2013

\*\* Signature of Reporting Person

Date

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.