FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvdomigton, b.o. 20040

| OMB APPROVAL | | | | | | | | |
|-------------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| market and account to contain | | | | | | | | |

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:

Estimated average burden 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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [GTN] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--------|-----|---|-------------|---|------|-------|----------|------------------------------------|---------------------|--------------------|--|---|-----------------------|---|---|---|--|-----------------------------------|--|
| BOGER RICHARD LEE | | | | | 1 | | | | | | | | | | | Director | | 10 | 6 Owner | | |
| (Last) PO BOX | | First) | (1) | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2011 | | | | | | | | | | Office below | er (give title v) | | er (specify ow) | | |
| | | | | | | 4. If | Amen | dment | , Date o | of Origina | l Filed | (Month/Da | ay/Ye | ear) | | S. Indiv | vidual o | r Joint/Group | Filing (Ched | k Applicable | |
| (Street) ATLANT | 'A (| GA | 3 | 1139-06 | 07 |)7 | | | | | | | | | | | | n filed by One | | | |
| (City) | (| State) | | Zip) | | | | | | | | | | | | | Pers | | e than One i | eporting. | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Da | | | | 2. Transa Date (Month/Da | Exe if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securition | | | | and 5) Securities Beneficially Owned Following Reported | | ties cially I Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) Price | | ection(s) | | | | (Instr. 4) | | | | |
| Common Stock (GTN) | | | | | | | | | | | | | | | | | į | 5,700 | D | | |
| Common Stock (GTN) | | | | | | | | | | | | | | | 3,337 | | D | | | | |
| Common Stock (GTN) | | | | | | | | | | | | | | | | | 3,034 | | I | Cust for IRA | |
| Class A Common Stock (GTN.A) 01/19/2 | | | | | 2011 | | | | S | | 800 | D \$1 | | \$1.7 | 7538 | 36 | | I | Cust. for IRA | | |
| | | | Та | | | | | | | | | sed of, o | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | n Date | | 3A. Deem Execution if any (Month/D | n Date, | I. Fransaction Code (Instr. 3) | | of | | 6. Date E Expiratio (Month/E | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | ı nstr. 3 | Deri | Price of rivative curity str. 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 Ownership t (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Dottie Boudreau by Power of Attorney

01/21/2011

** 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.