FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

37 Estimated average burden hours per response: 0.5

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 Robin Robinson | | | | | 2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [GTN] | | | | | | | | | 5. Relationship of Reportin (Check all applicable) X Director | | | ng Person(s) to Issuer 10% Owner | | |
|--|-------|------|--|---|---|---|-------------------|---|------------------|-----------|---|------|-----------------|---|----------------------------------|---|---|--|----------------------------------|
| (Last) (First) (Middle) 4370 PEACHTREE ROAD NE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2017 | | | | | | | | | | Offic below | er (give title w) | Other below | (specify | | |
| (Street) ATLANTA GA 30319 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | ecuriti | es Ac | quired, | Dis | posed o | f, o | r Ben | efic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ır) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | I (A) o | 4 and Securi Benefi | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) Pric | | rice Trans | | action(s) 3 and 4) | | (|
| Common | Stock | | | | | | | | | | | | | | | | 6,841 | I | By Spouse's 401(k) plan |
| Class A Common Stock | | | 01/31/2017 | | | | | F | | 3,532 | | D | \$1 | \$11.15 | | 75,294 | D | | |
| Class A Common Stock | | | | | | | | | | | | | | | | | 500 | I | Children |
| Class A Common Stock | | | | 01/31/2017 | | | | | F | | 39,040 | | D | \$1 | 11.15 6 | | 81,221 | I | Spouse |
| Common Stock | | | | | | | | | | | | | | | | 2 | 4,955 | D | |
| Common Stock | | | | | | | | | | | | | | | 5 | 39,602 | I | Spouse | |
| Common Stock | | | | | | | | | | | | | | | 8. | 32,500 | I | Trust F/B/O Children | |
| Class A Common Stock | | | | | | | | | | | | | | | 999,000 | | I | Trust F/B/O Children | |
| | | Та | ble II - I | Derivat (e.g., p | ive S | ecu alls | urities s. war | Acqu | ired, D | ispo | sed of, onvertib | or E | Benef securi | icial ities | lly O\ | wned | | | |
| 1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of Conversion or Exercise (Month/Day/Year) 1. Title of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | ied n Date, | 4. Transactio | | 5. Number of | | | xerci: | sable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | l | 8. Pi Deri Seci (Inst | vative durity S (r. 5) E F | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | mber ares | 1 | | | | |

Explanation of Responses:

Remarks:

/s/ Dottie Boudreau by Power of Attorney

02/02/2017

** 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.

 $^{^{\}star}$ 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).