Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* 2. Issuer Name and Ticker of Trading Symbol Howell Robin Robinson GRAY TELEVISION INC [GTN] (Last) (First) (Middle) 4370 PEACHTREE ROAD, NE 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) (City) (State) (Zip)	eficially Owned				
Howell Robin Robinson GRAY TELEVISION INC [GTN] (Last) (First) (Middle) 4370 PEACHTREE ROAD, NE 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year)					
Howell Robin Robinson GRAY TELEVISION INC [GTN] (Last) (First) (Middle) 4370 PEACHTREE ROAD, NE 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year)	Form filed by More than One Reporting Person				
Howell Robin Robinson GRAY TELEVISION INC [GTN] (Last) (First) (Middle) 4370 PEACHTREE ROAD, NE 3. Date of Earliest Transaction (Month/Day/Year)	Line) X Form filed by One Reporting Person				
Howell Robin Robinson GRAY TELEVISION INC [GTN] (Last) (First) (Middle)	6. Individual or Joint/Group Filing (Check Applicable				
Howell Robin Robinson GRAY TELEVISION INC [GTN] (Last) (Middle)					
CD AV TELEVISION INC [CTN1]	Officer (give title Other (specify below) below)				
1 Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of 5)	Acquired (D) (Inst	d (A) or r. 3, 4 and	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								6,841	I	By Spouse's 401(k) plan
Class A Common Stock								81,635	D	
Class A Common Stock								500	Ι	Children
Class A Common Stock	02/28/2021		F		66,171	D	\$17.68	1,264,999	I	Spouse
Class A Common Stock	02/28/2021		F		18,363	D	\$17.68	1,246,636	I	Spouse
Common Stock								46,159	D	
Common Stock								667,309	I	Spouse
Common Stock								832,500	I	Trust F/B/O Children
Class A Common Stock								999,000	I	Trust F/B/O Childrer

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(* 5) *	, .	,		,					,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	Amou Secu Unde Deriv	rities rlying ative rity (Instr.	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

/s/ Dottie Boudreau by Power 03/01/2021

** Signature of Reporting Person Date

of Attorney

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.