FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANG | ES IN BE | ENEFICIAL | OWNERSHIP |
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| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| 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 * $\overline{ELDER\ T\ L}$ | | | | 2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [GTN] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|--|---|--------|-----------|---|--|---|--|---|-----|---|---|-------------------|---|--|---|--|--|---------|-------------|-------------|
| <u>ELDEI</u> | <u> </u> | | | | | I — | | | | | | | | | X | Direc | tor | | 10% O | wner |
| (Last) 5087 PIN | | (First | | 1iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2020 | | | | | | | | Officer (give title below) | | | Other (below) | specify | | |
| (04===4) | | | | | | 4. If A | | | | | | | 6. Individual or Joint/Group Filing (Check App Line) | | | | pplicable | | | |
| (Street) DUNWO | ODV | GA | 3 | 0338 | | | | | | | | | | | X | Form | filed by On | e Rep | orting Pers | on |
| | | | | | | | | | | | | | | | | Form Perso | filed by Mo n | re tha | n One Rep | orting |
| (City) | | (Stat | e) (Z | ip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | | Code | v | Amount | (A) ((D) | or Pri | се | Transa (Instr. 3 | ction(s) | | | (1113411 4) |
| Class A Common Stock | | | | | | | | | | | | | 25,060 | | | D | | | | |
| Common Stock 04/30/2 | | | | | 2020 | | | F | | 2,000 | D | \$1 | 1.61 31,696 | | ,696 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | ion Date, | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Sei (In: | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | (A) | (D) | Date Exercis | ate Expiration cercisable Date | | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

Remarks:

/s/ Dottie Boudreau by Power of Attorney

05/04/2020

** 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.