FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Instruction 1(b).	or Section 30(h) of the Investment Company Act of 1940	
Name and Address of Reporting Person* <u>atek Kevin Paul</u>	2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [ GTN ]	

Name and Address of Reporting Person*     Latek Kevin Paul					2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [ GTN ]								heck al	applicable) Director	ng Person(s) to 10% (	vner	
(Last) 4370 PE	(First) (Middle) PEACHTREE ROAD, NE						arliest Trans	action (	Month	/Day/Year)			Officer (give title pelow)  EVP Chief I	Other below			
(Street) ATLANTA GA 30319					4. If Amendment, Date of Original Filed (Month/Day/Year)								ne)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person			
ATLAN	ANTA UA 30319													Form filed by More than One Reporting Person			
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication											
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
		Table	I - No	n-Deriva	tive S	Secui	rities Acq	uired	, Dis	posed of,	or Bei	nefici	ally C	wned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Executary/Year) if any		eemed ution Date, :h/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			nd S	Amount of ecurities eneficially wned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	.   ті	eported ansaction(s) estr. 3 and 4)		(Instr. 4)	
Common Stock 04/10/2					.023			A		210,390(1)	A	\$8.	47	473,928	D		
Class A Common Stock														53,517	D		
Common Stock														1,598(2)	I	By 401(k) Plan	
		Tal	ble II -							osed of, c				ned			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution D		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins		8. Pric Deriva Securi (Instr.	tive derivative ty Securities	Ownership Form:	Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 1. Represents grant of restricted stock, one half of which vests in equal annual installments on each of February 29, 2024, February 28, 2025, February 28, 2026, and the other half of which vests, subject to the satisfaction of certain performance criteria, on February 28, 2026.

(A) or Disposed of (D)

(Instr. 3, 4

(A) (D)

2. The employee 401(k) plan is denominated in units, representing ownership interests in a fund that includes both Gray common stock and a reserve of cash. The information reported represents the dollar value of the reporting person's balance in the 401(k) plan as of April 10, 2023, as reported by the plan administrator, divided by the closing price of Gray common stock on that date.

## Remarks:

/s/ Ginger Davis by Power of <u>Attorney</u>

Security (Instr. 3 and 4)

Expiration Date

Amount Number

04/12/2023

Following Reported Transaction(s)

(Instr. 4)

\*\* Signature of Reporting Person

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.