FORM 5

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	eported.	File	ed pursuant to or Sectior													
1. Name and Address of Reporting Person* NEWTON HOWELL					2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [GTN]						5. Relationship of Reporti (Check all applicable) X Director			ing Pe	. ,	Issuer Owner	
(Last)	(Fir	st) (I	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/04/2019					/Year)	Officer (give title below)			!	Othe belo	er (specify w)		
(Street) FORSYT	'H G <i>A</i>		21029-0633 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)						ine)	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Trai		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)				Securiti Benefic		es ially	Form	ership 1: Direct	7. Nature of Indirect Beneficial	
								Amour	t	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)
Common Stock			12/14/2018	G		-	1,500		D	\$17.033		56,703			D		
Class A Common Stock											22,195			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	or osed o) r. 3, 4	Expir (Mon	Date Expiration Expiration Expiration Expiration		Amo Secu Unde Deriv Secu and	Amount of Number of Shares	Derivative Security (Instr. 5) Owned Followin Reporter		Following Reported Transaction	ly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

Remarks:

/s/ Dottie Boudreau

02/04/2019

** 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.