FORM 4

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

Washington, I	D.C. 20549
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Check this box if no longer subject	
o Section 16. Form 4 or Form 5	
obligations may continue. See	
noterration 1/h)	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     LaPlatney D Patrick						2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [ GTN ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) 4370 PEACHTREE ROAD NE						3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024										X Officer (give title Other (sp below)  President and Co-CEO				
SUITE 400						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ΓA GA	A 3	0319											2	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication															
							saction was mons of Rule 10					uction or writt	en plan t	hat is inter	nded to					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or l	Ben	eficial	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)							ties cially I Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D	) or )	Price		ction(s) 3 and 4)			(Instr. 4)	
Common	Stock			02/14/2	2024				A		362,222(1	)	A	\$8.1	\$8.1 1,034,909 D					
Common	Stock														604 <sup>(2)</sup> I 4					
	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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		;   C	. Price of lerivative lecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y Di or (I)	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	or Nur of	ount nber res						

## **Explanation of Responses:**

- 1. Represents grant of restricted stock, one half of which vests in equal annual installments on each of February 28, 2025, February 28, 2026, February 28, 2027, and the other half of which vests, subject to the satisfaction of certain performance criteria, on later of (i) the date the Compensation Committee of the Board of Directors of Gray Television, Inc. certifies the performance criteria have been satisfied and (ii) February 28, 2027.
- 2. Holdings under the 401(k) Plan have been updated to reflect the reporting person's current balance in the 401(k) Plan.

## Remarks:

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

02/16/2024

\*\* 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.