FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DС | 20549 |
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| rvasiliigion, | D.C. | 20040 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* COWART JACKSON S IV | | | | | | 2. Issuer Name and Ticker or Trading Symbol GRAY TELEVISION INC [GTN] | | | | | | | | k all app Direct Office | licable) tor er (give title | Othe | Owner r (specify | |
|---|--|----------------|------------|--|---|---|---|------------------------------|--------------------|--------------------|---|-----------------------------------|--------------------|--|---|---|---|--|
| (Last) (First) (Middle) 4370 PEACHTREE ROAD NE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2022 | | | | | | | | | below) below) Chief Accounting Officer | | | · | |
| (Street) | TA GA | GA 30319 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (St | | (Zip) | | | | | | | | | | Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | | 2. Transac Date | nsaction 2 n/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Dis | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | |) or | 5. Amo Securit Benefic | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | • | Code | v | Amount | (A) c | Pr | ice | | ed ction(s) 3 and 4) | ,,,, | (Instr. 4) | |
| Gray Clas | ss A Comm | on Stock - GTN | I.A | | | | | | | | | | | | 19(1) | I | By 401(k) Plan | |
| Gray Con | nmon Stock | c - GTN | | | | | | | | | | | | 11 | ,714 ⁽¹⁾ | I | By 401(k) Plan | |
| Gray Common Stock - GTN 05/1 | | | 05/19/2 | 2022 | | | S | | 2,798 | D | \$ | 19.96 | 13 | 3,262 | D | | | |
| Gray Common Stock - GTN 0: | | | 05/19/2 | /2022 | | | S | | 1,400 | D | \$ | 19.93 | 11,862 | | D | | | |
| Gray Common Stock - GTN | | | 05/19/2022 | | | | | | 8,375 | D | \$ | 20.25 | 3,487 | | D | | | |
| Gray Common Stock - GTN | | | 05/19/2022 | | | | | | 4,900 | D | \$ | 20.19 | 12,309 | | I | Held by Spouse | | |
| Gray Class A Common Stock - GTN.A | | | | | | | | | | | 323 | | I | Held by spouse | | | | |
| | | Та | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execu or Exercise (Month/Day/Year) if any | | if any | emed 4. tion Date, Transac Code (I n/Day/Year) 8) | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (II 3 and 4) | | Der Sed (Ins | erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form: Direct (D or Indired (I) (Instr. | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. Employee 401(k) plan is a unitized plan whereas employee investments are held in units rather than shares. Amount estimates shares owned by dividing cash investment by closing stock price on the day prior to filing this report.

Remarks:

/s/ Ginger Davis by Power of Attorney

05/20/2022

** 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.