FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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*  ROBINSON HARRIETT J		suer Name <b>and</b> Tick					Relationship of Repo heck all applicable)  X Director	10	% Owner		
(Last) (First) (4370 PEACHTREE ROAD, NE		ate of Earliest Trans 26/2011	action (	Month	n/Day/Year)		Officer (give ti		ner (specify low)		
(Street) ATLANTA GA	30319	_   4. If _	Amendment, Date o	f Origin	al File	d (Month/Da	y/Year)		•	oup Filing (Ched One Reporting F More than One I	Person
(City) (State) (	(Zip)										
			Securities Acc	_	l, Di				1	1	
1. Title of Security (Instr. 3)	2. Transa Date (Month/D		2A. Deemed Execution Date, r) if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V		Amount	amount (A) or (D)		Transaction(s) (Instr. 3 and 4)		(
Common Class (GTN)									355,200	D	
Common Class A (GTN.A)	08/26	/2011		P		281	A	\$1.5	894,864	D	
Common Class (GTN)									848,350	I	Spouse
Common Class (GTN.A)									1,002,676	I	Spouse
Common Class (GTN)									109,750	I	Trustee for Children
Common Class A (GTN.A)									1,189,180	I	Trustee for Children
Common Class (GTN)									35,000	I	Delta Fire & Casualty Ins. Co.
Common Class A (GTN.A)									33,750	I	Delta Fire & Casualty Ins. Co.
Common Class (GTN)									10,000	I	Delta Life Ins. Co.
Common Class A (GTN.A)									135,795	I	Delta Life Ins. Co.
Common Class A (GTN.A)									221,706	I	Bankers Fidelity Life Ins. Co.
Common Class (GTN)									6,000	I	Georgia Casualty & Surety Co.
Common Class A (GTN.A)									132,354	I	Georgia Casualty & Surety Co.
Common Class (GTN)									50,000	I	Association Casualty Ins. Co.
Common Class A (GTN.A)									32,000	I	Association Casualty Ins. Co.
Common Class (GTN)									50,000	I	American Southern Ins. Co.

		Tab	le I - No	n-Deri	vative	Sec	uriti	es Ac	quired	, Di	sposed o	of, or	Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code V		Amount	(A) or (D)		Price	Transact (Instr. 3	on(s)			(Instr. 4)			
Common	Common Class (GTN)													5,5	5,518(1)		I	Spouse 401 K Plan	
Common	Class (GTI	N)													100	,000	I		Gulf Capital Services, Ltd.
Common	Common Class A (GTN.A)														490,298		I		Gulf Capital Services, Ltd.
		Ta									osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transa Code ( 8)		of	rative rities ired r osed )	6. Date Expiration (Month/D	n Dat	e	7. Title Amou Securi Under Deriva Securi and 4)	nt of ities lying itive ity (Ins		8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownershi t (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amo or Num of Sh						
Options - Common Stock (GTN)	\$7.64								02/01/20:	10	02/01/2013	GTN	300	),000		300,0	00	I	Spouse

## **Explanation of Responses:**

1. Held in 401K plan and based on plan statement as of 12/31/09.

## Remarks:

<u>Dottie Boudreau by power of</u> <u>attorney</u>

08/29/2011

\*\* Signature of Reporting Person

Date

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.