#### Edgar Filing: Ascent Capital Group, Inc. - Form 4

Ascent Capital Group, Inc. Form 4 November 15, 2016

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FORM	Δ				OMB AF	PROVA	۹L
	UIII	FED STATES	S SECURITIES AND EXCHANGE Washington, D.C. 20549	COMMISSION	OMB Number:	3235	-0287
Check this if no longe subject to Section 16 Form 4 or	r STA	TEMENT O	Expires: Estimated a burden hou response	rs per	ry 31, 2005 0.5		
Form 5 obligations may contin <i>See</i> Instruc 1(b).	ge Act of 1934, of 1935 or Section 940	·					
Print or Type Re	esponses)						
I. Name and Address of Reporting Person <u>*</u> NILES WILLIAM E			2. Issuer Name <b>and</b> Ticker or Trading Symbol Ascent Capital Group, Inc.	5. Relationship of Reporting Person(s) t Issuer (Check all applicable)			
(Last)	(First)	(Middle)	[ASCMA] 3. Date of Earliest Transaction	Director	10%	Owner	

### ASCENT CAPITAL GROUP, INC., 5251 DTC PARKWAY, SUITE 1000

(Street)

#### GREENWOOD VILLLAGE, CO 80111

(City)	(State)	(Zip) Tab	le I - Non-	Derivative Se	curities Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8) (A) or		of (D) nd 5) A) r	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Series A Common Stock	11/10/2016		S <u>(1)</u>	3,423 D	\$ 19.0146 (2)	57,485	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

Filed(Month/Day/Year)

4. If Amendment, Date Original

11/10/2016

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 control number.

\_\_\_Other (specify

below)

Exec VP/Gen Counsel/Secretary

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person \_\_\_\_ Form filed by More than One Reporting

\_X\_\_ Officer (give title \_

below)

Person

Applicable Line)

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	5. Date Exercisable and Expiration Date Month/Day/Year)	Amou Unde Secur	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NILES WILLIAM E ASCENT CAPITAL GROUP, INC. 5251 DTC PARKWAY, SUITE 1000 GREENWOOD VILLLAGE, CO 80111			Exec VP/Gen Counsel/Secretary				
Signatures							

/s/ William E. Niles

N

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11/15/2016

<u>\*\*</u>Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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).
- (1) The sale was effected pursuant to rule 10b5-1 Plan adopted by the Reporting Person in accordance with Ruld 10b5-1 of the Securities Exchange of 1934, as amended.

The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$18.85 to \$19.254767,

(2) inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or staff of the Securities and

Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.