A. H. Belo C	Corp										
Form 4											
September 0	1, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITE	D STATES					NGE C	COMMISSION	OMB	3235-0287	
Check th	is box		vv as	shington,	D.C. 203	949			Number:	January 31,	
if no long		EMENT O	F CHAN	GES IN	GES IN BENEFICIAL OWNER				Expires: 20		
subject to Section 1)		r Chai			CIAI	1011		Estimated average		
Form 4 o		SECURITIES						burden hours per response 0.5			
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,		0.0	
obligatio may cont		17(a) of the	Public U	tility Hold	ling Com	pany	Act of	1935 or Section	n		
See Instr		30(h)	of the In	vestment	Company	y Act	of 194	0			
1(b).											
(Drint or Type 1											
(Print or Type I	(xesponses)										
1. Name and A	Address of Report	ing Person *	2 Issuer	· Name and	Ticker or T	Fradin	a	5. Relationship of	Reporting Pers	son(s) to	
DECHERD ROBERT W Symb				2. Issuer Name and Ticker or Trading				Issuer			
			-	elo Corp	[AHC]						
(Last)	(First)	(Middle)	3 Date of	Earliest Tr	ansaction			(Chec	k all applicable	e)	
(2007)	(1150)	(initiatio)	(Month/D		ansaction			X Director	10%	Owner	
				08/30/2016				Officer (give titleOther (specify			
BOX 22486	6							below)	below)		
			4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mor					Applicable Line)			
								X Form filed by C Form filed by M			
DALLAS, 7	ГХ 75222-486	6						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuri	ties Aco	uired, Disposed of	or Beneficial	lv Owned	
1 Title of	2 Transaction	Data 24 Daa					-	5. Amount of		-	
1.Title of Security	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, i any			3. 4. Securities Acquired if Transaction(A) or Disposed of (D)				Securities	6. Ownership Form: Direct		
(Instr. 3)				Code	(Instr. 3, 4			Beneficially		Beneficial	
		(Month/	Day/Year) (Instr. 8)							Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Series A							\$				
Common	08/30/2016			S	81,140	D	6.03	100,000	D		
Stock							(1)				

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DECHERD ROBERT W A. H. BELO CORPORATION P.O. BOX 224866 DALLAS, TX 75222-4866	X						
Signatures							
/s/ Christine E. Larkin, Attorney-In-Fact	09/01/2016						
**Signature of Reporting Person		Da	te				

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).
- This transaction was executed in multiple trades from \$6.00 to \$6.08 per share. The price reported reflects the weighted average sale
 (1) price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuers, full information regarding the number of shares and prices at which the transaction was effected.

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.