Edgar Filing: SHENANDOAH TELECOMMUNICATIONS CO/VA/ - Form 4

| SHENANDO Form 4 August 04, 2 | OAH TELECO 014 | MMUNICA | ATIONS | CO/VA/ | | | | | | | |
|--|--|---------------|---|--|-----------|-------|---|--|-------------------------|-------------------------------|--|
| FORM | | | | | | | | | OMB AF | PROVAL | |
| | | | | RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer | | | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | NERSHIP OF | Expires: Estimated a | January 31, 2005 verage | |
| | | | | | | | | | burden hours per | | |
| Form 5 | | oursuant to S | Section 1 | 6(a) of the | e Securit | ies E | xchange | e Act of 1934, | response | 0.5 | |
| obligation may cont <i>See</i> Instru 1(b). | inue. Section 1 | 7(a) of the 1 | Public Ut | | ling Con | ipany | Act of | 1935 or Section | 1 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Fitzsimmons Tracy Symbol | | | Symbol | uer Name and Ticker or Trading ol NANDOAH | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| TELECO | | | | COMMUNICATIONS A/ [SHEN] | | | | (Check all applicable) | | | |
| | | | | | | | | X Director | 10% Owner | | |
| | | | | te of Earliest Transaction th/Day/Year) | | | | Officer (give below) | title Othe below) | r (specify | |
| PO BOX 45 | 9 | | 08/01/2 | 014 | | | | | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| EDINBURG | G, VA 22824 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, if | | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common | 08/01/2014 | | | A <u>(1)</u> | 3.283 | А | \$ 27.71 | 5,500.541 | D | | |

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) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and unt of rlying rities . 3 and 4) | 8. Price of 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 / Addr | ess | Relationships | | | | | | |
|-----------------------------|------------|---------------|---------------|--|--|--|--|--|
| 1 | Director | 10% Owner | Officer Other | | | | | |
| Fitzsimmons Tracy | | | | | | | | |
| PO BOX 459 | Х | | | | | | | |
| EDINBURG, VA 22824 | | | | | | | | |
| Signatures | | | | | | | | |
| Tracy | | | | | | | | |
| Fitzsimmons | 08/04/2014 | | | | | | | |

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Shares received in lieu of director fees.

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.