FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasiliigton,	D.C.	20549	

<b>TATEMENT</b>	OF C	HANGES	IN BEI	NEFICIAL	<b>OWNERS</b>	HIP

OMB APPROVAL											
OMB Number: 3235-028											
Estimated average burden											
hours per response:											

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* <u>Trelstad Lynn B.</u>				2. Issuer Name and Ticker or Trading Symbol TEGNA INC [ TGNA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner							
(Last)	(Fir	st) (M	Middle)		3. Date of Earliest Transacti 08/30/2023					(Montl	h/Day/Year)		X Officer (give title below)  EVP and COO,			Media	Other (s below) a Operation	·	
		EET, SUITE 200	00		4. If A								. Indiv ine)	/idual o	r Joint/Group	p Filing	g (Check A	pplicable	
(Street)	S VA	. 2	2102											X Form filed by One Reporting Person  Form filed by More than One Reporting Person				- 1	
(City)	(Sta	ate) (Z	Zip)		Rul	le 10	)b5-	1(c)	) Transaction Indication										
							theck this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to atisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to		
		Table	I - No	n-Deriva	tive S	Secui	ities	Acc	quired	l, Dis	sposed of	, or E	Benefic	ially	Own	ed			
Da		2. Transacti Date (Month/Day	Execu /Year) if any		emed tion Day/\	·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Beneficially Owned Following		Form:	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			08/30/20	023				S		30,000	D	\$16.5	57 <sup>(1)</sup>	18	31,881		D	
Common	Stock														9,4	477.07		I	By 401(k) Plan
Common Stock 08/30/20		023				S	s 6,591 D		\$16.	.65 2		22,043			By Spouse				
Common Stock													5,0	035.38		I	By Spouse through 401(k) Plan		
	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)  1. Title of Derivative Security (Instr. 3)  2. Conversion Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)				Expiration D (Month/Day/		ate	7. Titl Amou Secur Under Derive Secur 3 and	int of rities rlying ative rity (Instr.				Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Number of Shares	1					

1. The price reported in Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.485 to \$16.64, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer or the 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 this footnote.

## Remarks:

/s/ Marc S. Sher, attorney-in-

08/31/2023

**fact** 

\*\* 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.