FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Lougee David T						2. Issuer Name and Ticker or Trading Symbol TEGNA INC [ TGNA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Proceeding Director 10% Owner					
(Last) C/O TEC	ast) (First) (Middle) O TEGNA INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024								<b>V</b>	Officer (give title below)  Other (specific below)  President and CEO				specify
8350 BROAD STREET, SUITE 2000						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	(Street) TYSONS VA 22102													Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
	<b>V</b>	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	l - No	on-Deriva	tive \$	Secu	rities	Acc	quired	l, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.			red (A) or str. 3, 4 aı	4 and 5) Securitie Benefici		ies For ially (D) Following (I)	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(Instr. 4)
Common Stock 07/01/20						24			S		98,437	D	\$13.	98(1)	59	4,401		D	
Common Stock															8,202.207			I	By 401(k) Plan
		Tal	ble II						,		osed of, convertib			•	)wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			i. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deri Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Benefic Ownership (Instr. 4)

## **Explanation of Responses:**

1. The price reported in Column 4 is the weighted average price. These shares were sold pursuant to Mr. Lougee's Rule 10b5-1 trading plan, adopted on August 30, 2023, in multiple transactions at prices ranging from \$13.88 to \$14.24, 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-

07/02/2024

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.