FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington.	D C	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours ner resnonse	. 0.5								

Check this box to indicate that a transaction was made pursuant to contract, instruction or written plan for the purchase or sale of equity
securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

Instruction 1(b)

1(c). Si	ee Instruction 1	U																		
1. Name and Address of Reporting Person* Heskett Julie					2. Issuer Name and Ticker or Trading Symbol TEGNA INC TGNA									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Heskett June														Direc			10% Ov			
(T) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A				O Date of Fadinat Transportion (March (Day March									1	below		(give title Other (specify below)		specify		
(Last) (First) (Middle) C/O TEGNA INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/06/2024									SVP and CFO						
8350 BROAD STREET, SUITE 2000														O la dividual en la int/Onesa Ellina (Obsah A. III. III.						
(Ctroot)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street) TYSONS	S VA	. 2	2102											1	Form	filed by One	e Repo	orting Perso	on	
	y v A	L 2.	2102											Form filed by More than One Reporting Person					orting	
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	ities	Ac	quire	d, Di	sposed of	f, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			ear) i	Execution Date,						Acquired (A) or (D) (Instr. 3, 4 and		d 5)	5. Amount of Securities Beneficially Owned Follow Reported		Form (D) or	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(Instr. 4)	
Common Stock 12/06/20				12/06/202	24	4			S		20,000	D	\$18.6	54 ⁽¹⁾ 23,75		750.681		D		
Common Stock														9,5	30.332		I	By 401(k) Plan		
		Tal									oosed of, convertib			•	Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired sed	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. The price reported in Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.65 to \$18.685, 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-infact ** Signature of Reporting Person

12/10/2024

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.