| SEC Form 4 | |
|------------|--|
|------------|--|

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

| | JVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

ĪĒ

| 1. Name and Addr ST JOHN JO | 1 0 | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>SHENANDOAH</u> <u>TELECOMMUNICATIONS CO/VA/</u> | | 5. Relationship of Reporting Person(s) to (Check all applicable) X Director 10% | | | |
|--------------------------------|--|-------------------|---|-----------|---|-----------------------|--|--|
| (Last) | (First) | (Middle) | SHEN] | | Officer (give title below) | Other (specify below) | | |
| PO BOX 459 | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2007 | | | | | |
| (Street) EDINBURG VA 22824 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | Form filed by More th Person | | | |
| | | Table I - Non-D | erivative Securities Acquired, Disposed of, or Ben | eficially | Owned | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities / Disposed Of (5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------|---|--|---------------|--------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 11/02/2007 | | A ⁽¹⁾ | | 41.841 | Α | \$23.9 | 798.046 | D | |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Uinstr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) 0 Comparison Derivative (Month/Day/Year) 0 Disposed of (D) (Instr. 3, 4 and 5) 0 Date Exercisable 0 Date Exercisable | | ate | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|-----|---|---|---|--|--|--|
| | | | | Code | v | | | | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Shares received in lieu of director fees.

/s/ Jonelle St. John

11/02/2007

** 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.