FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

0.5

hours per response:

Check this box if no longer subject	C
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

											1 1940					
1. Name and Address of Reporting Person* VOLK JAMES J		2. Issuer Name and Ticker or Trading Symbol SHENANDOAH TELECOMMUNICATIONS CO/VA/							Officer (since title			Issuer Owner (specify				
(Last) (First) (Middle)			SHEN]							belov	v) ``	below				
PO BOX	•	o., (.		zuic)		3. Date of Earliest Transaction (Month/Day/Year) 05/07/2024							SVP Finance & CFO			
(Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
EDINBU	JRG VA	Λ 2	22824										X Form	filed by One	e Reporting Pe	rson
(City)	(St	ate) (2	Zip)										Form Perso		re than One Re	porting
					Rule	e 10	b5-1(c)	Tran	sac	tion Indi	cation					
				Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir					ant to a c	to a contract, instruction or written plan that is intended to Instruction 10.						
		Table	I - No	n-Deriva	tive S	ecuri	ities Acq	uired,	Dis	posed of	, or Bei	neficia	ally Own	ed		
Date		2. Transac Date (Month/Da	Execution Date,		tion Date,	Code (Instr. 5)				nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)		(Instr. 4)		
Common Stock 05/07/2				2024		P		332	A \$1		54 3:	5,077	D			
		Та								osed of, convertib				d		
										isable and		_				11. Nature

Explanation of Responses:

Christopher E French

Title

Attorney in Fact for James J

Amount or Number

Shares

Volk

Expiration Date

** Signature of Reporting Person

05/08/2024

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code

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.

(A) (D) Date Exercisable

 $^{^{\}star}$ 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).