FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL |
|------------------------|-----------|
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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

| 1. Name and Address of Reporting Person* McKay Edward H | | | | | | 2. Issuer Name and Ticker or Trading Symbol SHENANDOAH TELECOMMUNICATIONS CO/VA/ | | | | | | | | | (Check all app Direct | | olicable) | | Ssuer Owner (specify | |
|--|---|--------|--|---|-------------------------------|--|---|------------------------|---|-----|---------------------|---|---------------|----------------------|--------------------------------------|---|---|--|----------------------------|--|
| (Last) | (| -irst) | (Middle) | | SH | EN |] | | | | | | | | X | belov | N) . | below |)`` | |
| PO BOX | BOX 459 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/22/2018 | | | | | | | | | | VP-Wirelin | P-Wireline & Engineering | | |
| (Street) | RG V | ⁄A | 22824 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | า-Deriva | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, o | r Ber | nefic | cially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| | | | | | | Secur Benef Owne | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 08/22/ | /2018 | | | | S | | 2,000 | | D | \$3 | 36.75 | 1 | 7,959 | D | | |
| Common Stock | | | | | 08/23/2018 | | | | S | | 2,000 | | D | \$ | 36.9 | 15,959 | | D | | |
| Common Stock | | | | | 08/23/2018 | | | | S | | 785 | | D | ; | \$37 | 15,174 | | D | | |
| Common Stock | | | | 08/24/2018 | | | | | S | | 1,215 | | D | \$37 | | 13,959 | | D | | |
| Common Stock | | | | | 08/24/2018 | | | | S | | 2,000 | | D | \$37.15 | | 11,959 | | D | | |
| Common | Stock | | | 08/24/ | /2018 | | | | S | | 2,000 | | D | \$3 | 37.25 | | 9,959 D | | | |
| | | Т | able II - I (| | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | ay/Year) | 4. Transa Code (I 8) | Instr. | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expiratic Exercisable | | e ar) | Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | Deri Sec (Ins: | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Edward H McKay

08/24/2018

** 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.