FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ton, D.C. 20549 | OMB APPROVAL |
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| | MB Number: 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | urs per response: 0.5 | | | | | | | | | |
| | urs per response. | | | | | | | | | |

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

Check this box to indicate that a transaction was made pursuant to a 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 10b5-1(n). See Instruction 10

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

| 1. Name and Address of Reporting Person* BARNES VICTOR CHRISTOPHER | | | | | SH | 2. Issuer Name and Ticker or Trading Symbol SHENANDOAH TELECOMMUNICATIONS CO/VA/ | | | | | | | | | ationship call app Direc | licable) | ng Person(s) to Issuer 10% Owner | | | |
|---|---|--|---|----------|--------------------------------------|--|------------------|-----|--|-------|------------------------------|---|---|---|---|--|-----------------------------------|---|-----------------------------------|--|
| (Last) | (Fir | st) (N | (Middle) | | | | SHEN] | | | | | | | | | er (give title v) | | Other (s | specify | |
| PO BOX 459 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024 | | | | | | | | | | | | | | |
| (Street) EDINBURG VA 22824 | | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| LDINDC | 77 | | | | | | | | | | | | | Form filed by One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | ative \$ | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benefi | cially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | eemed ution Date, th/Day/Year) | | | | s Acquired (A) of (D) (Instr. 3, 4 | | 4 and Secur Benef Owne | | cially I Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 10/01/2 | | | | 024 | | | A ⁽¹⁾ | | 72.6435 | A | \$1 | 4.11 | 10,625.7716 | | Г |) | | | | |
| | | Tal | ole II - | | | | | | , | | osed of, convertib | | | • | Owne | d | | | | |
| 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) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | rte American Section | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Ov Fo Dir or (I) | vnership rm: rect (D) Indirect (Instr. 4) | Benefici Ownersh (Instr. 4) | |
| | | | | | | | (A) (D) | | Date Exercisable | | | Amou or Numb of Title Share | | | | | | | | |

Explanation of Responses:

Shares received in lieu of director fees.

/s/ Christopher E French Attorney in Fact for Victor Barnes

10/02/2024

** Signature of Reporting Person

n 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.