FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APP             | ROVAL    |
|---------------------|----------|
| OMB Number:         | 3235-028 |
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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).

## 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*            |   |  |  |                          |   | 2. Issuer Name and Ticker or Trading Symbol SHENANDOAH TELECOMMUNICATIONS CO/VA/ [ |        |   |                                    |  |                     |  |           |                              |  |   | p of Reportin<br>blicable)<br>ctor   | g Persor  | 10% C   |  |  |
|---|---|--|--|--------------------------|---|--|--------|---|------------------------------------|--|---------------------|--|-----------|------------------------------|--|---|--|---|---|--|--|
| (Last)  | (Fi   | rst) (                                     | Middle)                                      |                          | SHEN ]                                  |  |        |   |                                    |  |                     |  |           |                              |  | Offic<br>belov                                  | er (give title<br>w)   |   | Other below)  | (specify   |  |
| PO BOX  | 459   | , ,  | ŕ  |                          |   | ate of<br>03/20  |        | t Trans                                 | action (M                          | 1onth/   | Day/Year)           |  |           |                              |  |   |  |   |   |  |  |
| (Street)  | RG V  | A 2  | 22824  |                          | 4. If .                                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |        |   |                                    |  |                     |  |           |                              | 6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |   |  |   |   |  |  |
| (City)  | (Si   | tate) (                                    | Zip)   |                          |   |  |        |   |                                    |  |                     |  |           |                              |  | Form filed by More than One Reporting<br>Person |  |   |   |  |  |
|   |   | Tabl                                       | e I - No                                     | n-Deriv                  | ative                                   | Sec  | uritie | s Acc                                   | quired,                            | Dis  | posed o             | f, or  | Bene      | eficia                       | ally   | Owne  | ed   |   |   |  |  |
| Date  |   |  |  | nsaction<br>th/Day/Year) |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                        |        | 3.<br>Transaction<br>Code (Instr.<br>8) |                                    | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |                     |  |           | l and Secur<br>Benef<br>Owne |  | cially<br>I Following                           | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |   |  |  |                          |   |  |        |   | Code                               | v  | Amount              | (A<br>(D   | ) or<br>) | Price                        |  | Reported Transaction(s) (Instr. 3 and 4)        |  |   |   | (1130.4)   |  |
| Common  | Stock   |  |  | 08/03/                   | 2009                                    |  |        |   | A <sup>(1)</sup>                   |  | 7.3674              |  | Α         | \$20.                        | 36   | 226,  | 691.1662   | D   |   |  |  |
| Common  | on Stock  |  |  |                          |   |  |        |   | 567                                | I  |                     | By<br>Spouse   |           |                              |  |   |  |   |   |  |  |
|   |   | Та   |  |                          |   |  |        |   |                                    |  | sed of,<br>onvertib |  |           |                              | y Ov   | vned  |  |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | n Date,                  | 4.<br>Transaction<br>Code (Instr.<br>B) |  |        |   | 6. Date E<br>Expiratio<br>(Month/D | n Dat  |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |           |                              | Deri<br>Secu   | Price of<br>rivative<br>curity<br>str. 5)       | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | n:<br>ct (D)<br>ndirect   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |  |                          | Code                                    | v  | (A)    | (D)                                     | Date<br>Exercisa                   |  | Expiration<br>Date  | Title  | or        | ount<br>nber<br>res          |  |   |  |   |   |  |  |

## **Explanation of Responses:**

1. Shares received in lieu of director fees.

/s/ Ken L. Burch

08/03/2009

\*\* 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.