(Last)

PO BOX 459

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

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

1. Name and Address of Reporting Person*

(First)

(Middle)

ARTHUR DOUGLAS C

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940

TELECOMMUNICATIONS CO/VA/

2. Issuer Name and Ticker or Trading Symbol

3. Date of Earliest Transaction (Month/Day/Year)

SHENANDOAH

SHEN

12/01/2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 934 | | | hours per response: | | | | | | | | | | |
|-----|---|-------------------|---------------------|-----------------------|---|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
| | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | | | |
| | X Dire | ector | | 10% Owner | | | | | | | | | |
| | | icer (give ow) | title | Other (specify below) | y | | | | | | | | |
| | | | | | | | | | | | | | |
| | 6 Individual or Joint/Group Filing (Check Applicable | | | | | | | | | | | | |

| (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
|--|--|---|---------------------------------|--|--|--|---|------------------|--|-----------------------|---|--|---|---|---|------------|--|
| EDINBU | EDINBURG VA 22824 | | | | | | | | | | | X F | orm filed by On | ne Reporting Person | | | |
| (City) | (S | ate) (| Zip) | | _ | | | | | | | | Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Diam's Diam's | | | 2. Transac Date (Month/Da | Exectacy/Year) if any | | Deemed ution Date, / ith/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | | 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 | Tr | ansaction(s) str. 3 and 4) | | (1130.1.4) | |
| Common Stock 12/01/ | | | | 12/01/2 | 2005 | | | J ⁽¹⁾ | | 3 | A | \$43.5 | 5858 | 359 | I | Spouse | |
| Common Stock | | | | | | | | | | | | | 2,874 | 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 | onversion Exercise rice of erivative ecurity Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) I Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5 | derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Date

Expiration

Title

Explanation of Responses:

1. Shares acquired through Dividend Reinvestment Plan

/s/ Douglas C Arthur

Amount Number

12/02/2005

** 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.

and 5)

(A) (D)