FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average h | urdon | | | | | | | | |

0.5

hours per response:

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

| | | | | | 01 \ | JCCIII | 011 30(11) | or tire i | iiivestiiiei | 11 001 | iipaily Act | 01 134 | <u> </u> | | | | | | | | | |
|--|---|--|--|----------|------------------------------|---|---|-----------|--------------------------------------|--------|---|--|----------|----------------------|---|---|---|---|---|---------------------------------------|--|--|
| 1. Name and Address of Reporting Person* Fitzsimmons Tracy | | | | | | 2. Issuer Name and Ticker or Trading Symbol SHENANDOAH | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| FILZSIIII | IIIOIIS TTa | liat.v i- | | | | TELECOMMUNICATIONS CO/VA/ | | | | | | | | | X | Direc | ctor | | 10% C | wner | | |
| (Last) | (Fi | (First) (Middle) | | | | SHEN] | | | | | | | | | | Offic belov | er (give title w) | | Other below) | (specify | | |
| PO BOX | 459 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2015 | | | | | | | | | | | | | | | | |
| (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) | | | | | | | |
| LDIIVDO | 110 12 | NG VII 220 | | <u> </u> | | | | | | | | | | | X | Forn | orm filed by One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) if a | | 2A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and S | | Securities Beneficially | | rship irect direct . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) | | | |
| Common | mmon 02/02 | | | 2015 | | | A ⁽¹⁾ | | 8.4147 | | A | \$29 | .71 | 5,5 | 38.3572 | D | | | | | | |
| | | Та | | | | | | • | | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, | 4. Transa Code (8) | | | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | n: ct (D) direct | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ıres | | | | | | | | |

Explanation of Responses:

1. Shares received in lieu of director fees.

Remarks:

Tracy Fitzsimmons

02/02/2015

** 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.