## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHA	NGES IN BENEFICIAL	OWNERSHIP

OMB API	PROVAL
OMB Number:	3235-0287
Estimated average	burden
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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

Fitzsimmons Tracy					SE	SHENANDOAH TELECOMMUNICATIONS CO/VA/ [								theck all ap	pplicable) ector		ó Owner				
(Last)	SH	SHEN ]									bel	cer (give title ow)	belo	er (specify ow)							
PO BOX	459					ate o 07/2		t Trans	action (M	onth/	Day/Year)										
(Street)	eet) INBURG VA 22824					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)	(St	ate) (	Zip)											Form filed by More than One Reporting Person							
		Tabl	e I - Nor	า-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	ılly Owr	ed					
Date					2A. Deeme Execution if any (Month/Day		n Date,	3. Transaction Code (Instr. 8)					d Secu Bene	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect					
									Code	v	Amount	(A (D	) or )	Price	Tran	saction(s) : 3 and 4)		(5 4)			
Common 09/07/						2010 A <sup>(1)</sup>			8.881 A \$		\$1 <mark>6</mark> .	.89 1,278.5513		D							
		Та						•			sed of, onvertib			•	/ Owne	i					
1. Title of Derivative Security (Instr. 3)  2. Conversi or Exerci Price of Derivativ Security		rcise (Month/Day/Year) of tive	if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber							

## **Explanation of Responses:**

1. Shares received in lieu of director fees.

## Remarks:

**Tracy Fitzsimmons** 

09/07/2010

\*\* 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.