
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

SCHEDULE 13G

(Rule 13d-102)

**INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT
TO § 240.13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED
PURSUANT TO § 240.13d-2
(Amendment No. 3)**

LIBERTY MEDIA CORPORATION

(Name of Issuer)

SERIES C SIRIUSXM COMMON STOCK
(Title of Class of Securities)

531229607
(CUSIP Number)

December 31, 2016
(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- Rule 13d-1 (b)
- Rule 13d-1 (c)
- Rule 13d-1 (d)

* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 (the "Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes.)

1	NAME OF REPORTING PERSON Warren E. Buffett	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION United States Citizen	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 22,236,109
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 22,236,109
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 22,236,109	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 9.98%	
12	TYPE OF REPORTING PERSON IN	

1	NAME OF REPORTING PERSON Berkshire Hathaway Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 22,236,109
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 22,236,109
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 22,236,109	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 9.98%	
12	TYPE OF REPORTING PERSON HC, CO	

1	NAME OF REPORTING PERSON National Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 17,778,249
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 17,778,249
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 17,778,249	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 7.98%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON National Fire & Marine Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 508,654
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 508,654
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 508,654	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.23%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON GEICO Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 17,567,720
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 17,567,720
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 17,567,720	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 7.89%	
12	TYPE OF REPORTING PERSON HC, CO	

1	NAME OF REPORTING PERSON Government Employees Insurance Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 14,178,070
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 14,178,070
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 14,178,070	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 6.36%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON GEICO Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 3,389,650
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 3,389,650
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 3,389,650	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 1.52%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON FlightSafety International Inc. Retirement Income Plan	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 400,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 400,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 400,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.180%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Fruit of the Loom Pension Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 600,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 600,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 600,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.27%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON GEICO Corporation Pension Plan Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 975,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 975,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 975,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.44%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Johns Manville Corporation Pension Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Colorado	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 750,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 750,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 750,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.34%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON BNSF Master Retirement Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Texas	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 160,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 160,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 160,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.07%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON General Re Corp. Employee Retirement Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Connecticut	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 584,206
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 584,206
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 584,206	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 Less than 0.26%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Benjamin Moore & Co Revised Retirement Income Plan	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of New Jersey	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 41,500
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 41,500
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 41,500	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.02%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Buffalo News Editorial Pension Plan	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 133,500
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 133,500
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 133,500	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.06%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Buffalo News Office Pension Plan	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 65,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 65,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 65,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.03%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Dexter Pension Plan	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Connecticut	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 40,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 40,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 40,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.02%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Justin Brands Inc. Pension Plan	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Texas	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 50,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 50,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 50,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.02%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON Lubrizol Corp. Master Trust Pension	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Ohio	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 150,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 150,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 150,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.06%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON R. Ted Weschler	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION United States Citizen	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER 571,668
	6	SHARED VOTING POWER 0
	7	SOLE DISPOSITIVE POWER 571,668
	8	SHARED DISPOSITIVE POWER 16,554
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 588,222	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.3%	
12	TYPE OF REPORTING PERSON IN	

SCHEDULE 13G

Item 1.**(a) Name of Issuer**

LIBERTY MEDIA CORPORATION

(b) Address of Issuer's Principal Executive Offices

12300 Liberty Boulevard, Englewood, CO 80112

Item 2(a). Name of Person Filing:**Item 2(b). Address of Principal Business Office:****Item 2(c). Citizenship:**

Warren E. Buffett
3555 Farnam Street
Omaha, Nebraska 68131
United States Citizen

National Indemnity Company
3024 Harney Street
Omaha, Nebraska 68131
Nebraska corporation

Government Employees Insurance Company
One GEICO Plaza
Washington, DC 20076
Maryland corporation

GEICO Indemnity Company
One GEICO Plaza
Washington, DC 20076
Maryland corporation

FlightSafety International Inc. Retirement Income Plan
c/o FlightSafety International Inc.
LaGuardia Airport
Flushing, NY 11371
New York

GEICO Corporation Pension Plan Trust
c/o GEICO Corporation
1 Geico Plaza
Washington, DC 20076
Maryland

Berkshire Hathaway Inc.
3555 Farnam Street
Omaha, Nebraska 68131
Delaware corporation

GEICO Corporation
One GEICO Plaza
Washington, DC 20076
Delaware corporation

National Fire & Marine Insurance Company
1314 Douglas Street
Omaha, NE 68102
Nebraska corporation

Fruit of the Loom Pension Trust
c/o Fruit of the Loom
1 Fruit of the Loom Drive
Bowling Green, KY 42102
Delaware

Lubrizol Corp. Master Trust Pension
c/o The Lubrizol Corporation
29400 Lakeland Boulevard
Wickliffe, OH 44092
Ohio

Johns Manville Corporation Master Pension
Trust
c/o Johns Manville Corporation
717 17th Street
Denver, CO 80202
Colorado

BNSF Master Retirement Trust
c/o BNSF Railway Company
2650 Lou Menk Drive
Fort Worth, TX 76131
Texas

Benjamin Moore & Co. Revised Retirement Income
Plan
c/o Benjamin Moore & Co.
101 Paragon Drive
Montvale, NJ 07645
New Jersey

Buffalo News Editorial Pension Plan
c/o The Buffalo News
One News Plaza
Buffalo, NY 14203
New York

Buffalo News Office Pension Plan
c/o The Buffalo News
One News Plaza
Buffalo, NY 14203
New York

R. Ted Weschler
404 East Main Street
Charlottesville, VA 22902
United States Citizen

General Re Corp. Employee Retirement Trust
c/o General Re Corporation
120 Long Ridge Road
Stamford, CT 06902
Connecticut

Dexter Pension Plan
c/o BH Shoe Group
124 West Putnam Ave.
Greenwich, CT 06830
Connecticut

Justin Brands Inc. Pension Plan
c/o BH Shoe Group
124 West Putnam Ave.
Greenwich, CT 06830
Connecticut

(d) Title of Class of Securities

Class A Common Stock

(e) CUSIP Number

531229607

Item 3. If this statement is filed pursuant to § 240.13d-1(b), or § 240.13d-2(b) or (c), check whether the person filing is a:

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.), Berkshire Hathaway Inc. and GEICO Corporation are each a Parent Holding Company or Control Person, in accordance with § 240.13d-1(b)(1)(ii)(G).

National Indemnity Company, Government Employees Insurance Company, GEICO Indemnity Company and National Fire & Marine Insurance Company are each an Insurance Company as defined in section 3(a)(19) of the Act.

FlightSafety International Inc. Retirement Income Plan, Fruit of the Loom Pension Trust, GEICO Corporation Pension Plan Trust, Johns Manville Corporation Master Pension Trust, BNSF Master Retirement Trust, General Re Corp. Employee Retirement Trust, Lubrizol Corp. Master Trust Pension, Benjamin Moore & Co. Revised Retirement Income Plan, Buffalo News Editorial Pension Plan, Buffalo News Office Pension Plan, Dexter Pension Plan and Justin Brands Inc. Pension Plan are each an Employee Benefit Plan in accordance with § 240.13d-1(b)(1)(ii)(F).

Item 4. Ownership

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

(a) Amount beneficially Owned

See the Cover Pages for each of the Reporting Persons.

(b) Percent of Class

See the Cover Pages for each of the Reporting Persons.

(c) Number of shares as to which such person has:

- (i) sole power to vote or to direct the vote
- (ii) shared power to vote or to direct the vote
- (iii) sole power to dispose or to direct the disposition of
- (iv) shared power to dispose or to direct the disposition of

See the Cover Pages for each of the Reporting Persons.

Item 5. Ownership of Five Percent or Less of a Class.

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than 5% of the class of securities, check the following .

Item 6. Ownership of More than Five Percent on Behalf of Another Person.

Not Applicable.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person.

See Exhibit A.

Item 8. Identification and Classification of Members of the Group.

See Exhibit A.

Item 9. Notice of Dissolution of Group.

Not Applicable.

Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect, other than activities solely in connection with a nomination under § 240.14a-11.

SIGNATURES

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated this 14th day of February, 2017

/s/ Warren E. Buffett

Warren E. Buffett

BERKSHIRE HATHAWAY INC.

By: /s/ Warren E. Buffett

Warren E. Buffett

Chairman of the Board

NATIONAL INDEMNITY COMPANY, GEICO CORPORATION, GOVERNMENT EMPLOYEES INSURANCE COMPANY, GEICO INDEMNITY COMPANY, NATIONAL FIRE & MARINE INSURANCE COMPANY, FLIGHTSAFETY INTERNATIONAL INC. RETIREMENT INCOME PLAN, FRUIT OF THE LOOM PENSION TRUST, GEICO CORPORATION PENSION PLAN TRUST, JOHNS MANVILLE CORPORATION MASTER PENSION TRUST, BNSF MASTER RETIREMENT TRUST, GENERAL RE CORP. EMPLOYEE RETIREMENT TRUST, LUBRIZOL CORP. MASTER TRUST PENSION, BENJAMIN MOORE & CO. REVISED RETIREMENT INCOME PLAN, BUFFALO NEWS EDITORIAL PENSION PLAN, BUFFALO NEWS OFFICE PENSION PLAN, DEXTER PENSION PLAN AND JUSTIN BRANDS INC. PENSION PLAN

By: /s/ Warren E. Buffett

Warren E. Buffett
Attorney-in-Fact

By: /s/ R. Ted Weschler

R. Ted Weschler

SCHEDULE 13G

EXHIBIT A

RELEVANT SUBSIDIARIES AND MEMBERS OF FILING GROUP

PARENT HOLDING COMPANIES OR CONTROL PERSONS:

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.)
Berkshire Hathaway Inc.
GEICO Corporation

INSURANCE COMPANIES AS DEFINED IN SECTION 3(a)(19) OF THE ACT:

National Indemnity Company
Government Employees Insurance Company
GEICO Indemnity Company
National Fire & Marine Insurance Company

EMPLOYEE BENEFIT PLANS IN ACCORDANCE WITH § 240.13d-1-(b)(1)(ii)(F)

FlightSafety International Inc. Retirement Income Plan
Fruit of the Loom Pension Trust
GEICO Corporation Pension Plan Trust
Johns Manville Corporation Master Pension Trust
BNSF Master Retirement Trust
General Re Corp. Employee Retirement Trust
Lubrizol Corp. Master Trust Pension
Benjamin Moore & Co. Revised Retirement Income Plan
Buffalo News Editorial Pension Plan
Buffalo News Office Pension Plan
Dexter Pension Plan
Justin Brands Inc. Pension Plan

OTHER MEMBER OF FILING GROUP

R. Ted Weschler

SCHEDULE 13G

EXHIBIT B

JOINT FILING AGREEMENT PURSUANT TO RULE 13d-1(k)(1)

The undersigned persons hereby agree that reports on Schedule 13G, and amendments thereto, with respect to the Series C SiriusXM Common Stock of Liberty Media Corporation may be filed in a single statement on behalf of each of such persons, and further, each of such persons designates Warren E. Buffett as its agent and Attorney-in-Fact for the purpose of executing any and all Schedule 13G filings required to be made by it with the Securities and Exchange Commission.

Dated: February 14, 2017

/S/ Warren E. Buffett

Warren E. Buffett

Berkshire Hathaway Inc.

Dated: February 14, 2017

/S/ Warren E. Buffett

By: Warren E. Buffett

Title: Chairman of the Board

National Indemnity Company

Dated: February 14, 2017

/S/ Marc D. Hamburg

By: Marc D. Hamburg

Title: Chairman of the Board

GEICO Corporation

Dated: February 14, 2017

/S/ William E. Roberts

By: William E. Roberts

Title: President

Government Employees Insurance Company

Dated: February 14, 2017

/S/ William E. Roberts

By: William E. Roberts

Title: President

Dated: February 14, 2017	FlightSafety International Inc. Retirement Income Plan /S/ Bruce Whitman By: Bruce Whitman Title: President and Chief Executive Officer, FlightSafety International, Inc.
Dated: February 14, 2017	National Fire & Marine Insurance Company /S/ Marc D. Hamburg By: Marc D. Hamburg Title: Chairman of the Board
Dated: February 14, 2017	GEICO Indemnity Company /S/ William E. Roberts By: William E. Roberts Title: President
Dated: February 14, 2017	Fruit of the Loom Pension Trust /S/ Melissa Burgess-Taylor By: Melissa Burgess-Taylor Title: President and Chief Executive Officer, Fruit of the Loom
Dated: February 14, 2017	GEICO Corporation Pension Plan Trust /S/ William E. Roberts By: William E. Roberts Title: President, GEICO Corporation
Dated: February 14, 2017	Johns Manville Corporation Master Pension Plan /S/ Mary Rhinchart By: Mary Rhinchart Title: President and Chief Executive Officer Johns Manville Corporation

Dated: February 14, 2017

BNSF Master Retirement Trust

/S/ Julie Piggott

By: Julie Piggott

Title: Vice President, Burlington Northern Santa Fe, LLC

Dated: February 14, 2017

General Re Corp. Employee Retirement Trust

/S/ Kara Raiguel

By: Kara Raiguel

Title: President, General Re Corporation

Dated: February 14, 2017

Benjamin Moore & Co. Revised Retirement Income Plan

/S/ Michael Searles

By: Michael Searles

Title: President, Benjamin Moore & Co.

Dated: February 14, 2017

Lubrizol Corp. Master Trust Pension

/S/ Brian Valentine

By: Brian Valentine

Title: Senior Vice President, The Lubrizol Corporation

Dated: February 14, 2017

Buffalo News Editorial Pension Plan

/S/ Warren Colville

By: Warren Colville

Title: President, The Buffalo News

Dated: February 14, 2017

Buffalo News News Pension Plan

/S/ Warren Colville

By: Warren Colville

Title: President, The Buffalo News

Dated: February 14, 2017

Dexter Pension Plan

/S/ James Issler

By: James Issler

Title: President, BH Shoe Group

Dated: February 14, 2017

Justin Brands Inc. Pension Plan

/S/ James Issler

By: James Issler

Title: President, BH Shoe Group

Dated: February 14, 2017

/s/ R. Ted Weschler

R. Ted Weschler