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**SECURITIES AND EXCHANGE COMMISSION**  
Washington, DC 20549

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**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. 1)**

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**LIBERTY MEDIA CORPORATION**  
(Name of Issuer)

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

**531229607**  
(CUSIP Number)

**April 19, 2017**  
(Date of Event Which Requires Filing of this Statement)

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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.)

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|--|--|--------------------------|
| 1  | NAME OF REPORTING PERSON   |                          |
|  | Warren E. Buffett  |                          |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | United States Citizen  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER        |
|  |  | NONE                     |
|  | 6  | SHARED VOTING POWER      |
|  |  | 23,357,109               |
|  | 7  | SOLE DISPOSITIVE POWER   |
|  |  | NONE                     |
|  | 8  | SHARED DISPOSITIVE POWER |
|  |  | 23,357,109               |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                          |
|  | 23,357,109   |                          |
| 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  |                          |
|  | 10.5%  |                          |
| 12   | TYPE OF REPORTING PERSON   |                          |
|  | IN   |                          |

|  |  |  |
|--|--|--|
| 1  | NAME OF REPORTING PERSON<br><br>Berkshire Hathaway Inc.  |  |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |  |
| 3  | SEC USE ONLY   |  |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION<br><br>State of Delaware  |  |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER<br><br>NONE              |
|  | 6  | SHARED VOTING POWER<br><br>23,357,109      |
|  | 7  | SOLE DISPOSITIVE POWER<br><br>NONE         |
|  | 8  | SHARED DISPOSITIVE POWER<br><br>23,357,109 |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>23,357,109   |  |
| 10   | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not applicable.     |  |
| 11   | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>10.5%   |  |
| 12   | TYPE OF REPORTING PERSON<br><br>HC, CO   |  |

|  |  |                          |
|--|--|--------------------------|
| 1  | NAME OF REPORTING PERSON   |                          |
|  | National Indemnity Company   |                          |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Nebraska  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER        |
|  |  | NONE                     |
|  | 6  | SHARED VOTING POWER      |
|  |  | 18,828,249               |
|  | 7  | SOLE DISPOSITIVE POWER   |
|  |  | NONE                     |
|  | 8  | SHARED DISPOSITIVE POWER |
|  |  | 18,828,249               |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                          |
|  | 18,828,249   |                          |
| 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  |                          |
|  | 8.4%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Nebraska  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | 0.2%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Delaware  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER        |
|  |  | NONE                     |
|  | 6  | SHARED VOTING POWER      |
|  |  | 18,617,720               |
|  | 7  | SOLE DISPOSITIVE POWER   |
|  |  | NONE                     |
|  | 8  | SHARED DISPOSITIVE POWER |
|  |  | 18,617,720               |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                          |
|  | 18,617,720   |                          |
| 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  |                          |
|  | 8.3%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Maryland  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | 6.4%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Maryland  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER        |
|  |  | NONE                     |
|  | 6  | SHARED VOTING POWER      |
|  |  | 3,809,650                |
|  | 7  | SOLE DISPOSITIVE POWER   |
|  |  | NONE                     |
|  | 8  | SHARED DISPOSITIVE POWER |
|  |  | 3,809,650                |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                          |
|  | 3,809,650  |                          |
| 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  |                          |
|  | 1.7%   |                          |
| 12   | TYPE OF REPORTING PERSON   |                          |
|  | IC, CO   |                          |



|  |  |                          |
|--|--|--------------------------|
| 1  | NAME OF REPORTING PERSON   |                          |
|  | GEICO Advantage Insurance Company  |                          |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Nebraska  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER        |
|  |  | NONE                     |
|  | 6  | SHARED VOTING POWER      |
|  |  | 630,000                  |
|  | 7  | SOLE DISPOSITIVE POWER   |
|  |  | NONE                     |
|  | 8  | SHARED DISPOSITIVE POWER |
|  |  | 630,000                  |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                          |
|  | 630,000  |                          |
| 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  |                          |
|  | 0.3%   |                          |
| 12   | TYPE OF REPORTING PERSON   |                          |
|  | IC, CO   |                          |

|  |  |                          |
|--|--|--------------------------|
| 1  | NAME OF REPORTING PERSON   |                          |
|  | Berkshire Hathaway Consolidated Pension Plan   |                          |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Nebraska  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER        |
|  |  | NONE                     |
|  | 6  | SHARED VOTING POWER      |
|  |  | 1,090,000                |
|  | 7  | SOLE DISPOSITIVE POWER   |
|  |  | NONE                     |
|  | 8  | SHARED DISPOSITIVE POWER |
|  |  | 1,090,000                |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                          |
|  | 1,090,000  |                          |
| 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  |                          |
|  | 0.5%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Maryland  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | 0.4%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Colorado  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | 0.3%   |                          |
| 12   | TYPE OF REPORTING PERSON   |                          |
|  | EP   |                          |

|  |  |   |
|--|--|---|
| 1  | NAME OF REPORTING PERSON<br><br>BNSF Master Retirement Trust   |   |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |   |
| 3  | SEC USE ONLY   |   |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION<br><br>State of Texas   |   |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER<br><br>NONE           |
|  | 6  | SHARED VOTING POWER<br><br>160,000      |
|  | 7  | SOLE DISPOSITIVE POWER<br><br>NONE      |
|  | 8  | SHARED DISPOSITIVE POWER<br><br>160,000 |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON<br><br>160,000  |   |
| 10   | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/><br><br>Not Applicable.     |   |
| 11   | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9<br><br>Less than 0.1%  |   |
| 12   | TYPE OF REPORTING PERSON<br><br>EP   |   |

|  |  |                          |
|--|--|--------------------------|
| 1  | NAME OF REPORTING PERSON   |                          |
|  | General Re Corp. Employee Retirement Trust   |                          |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Connecticut   |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | 0.3%   |                          |
| 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<br>(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<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | Less than 0.1%   |                          |
| 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<br>(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<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | Less than 0.1%   |                          |
| 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<br>(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<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | Less than 0.1%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Ohio  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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  |                          |
|  | Less than 0.1%   |                          |
| 12   | TYPE OF REPORTING PERSON   |                          |
|  | EP   |                          |

|  |  |                          |
|--|--|--------------------------|
| 1  | NAME OF REPORTING PERSON   |                          |
|  | Precision Castparts Corp. Master Trust   |                          |
| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | State of Oregon  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>WITH | 5  | SOLE VOTING POWER        |
|  |  | NONE                     |
|  | 6  | SHARED VOTING POWER      |
|  |  | 71,000                   |
|  | 7  | SOLE DISPOSITIVE POWER   |
|  |  | NONE                     |
|  | 8  | SHARED DISPOSITIVE POWER |
|  |  | 71,000                   |
| 9  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |                          |
|  | 71,000   |                          |
| 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  |                          |
|  | Less than 0.1%   |                          |
| 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<br>(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> |                          |
| 3  | SEC USE ONLY   |                          |
| 4  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                          |
|  | United States Citizen  |                          |
| NUMBER OF<br>SHARES<br>BENEFICIALLY<br>OWNED BY<br>EACH<br>REPORTING<br>PERSON<br>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

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

National Indemnity Company  
1314 Douglas Street  
Omaha, Nebraska 68102  
Nebraska corporation

GEICO Corporation  
One GEICO Plaza  
Washington, DC 20076  
Delaware corporation

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

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

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

GEICO Advantage Insurance Company  
One GEICO Plaza  
Washington, DC 20076  
Nebraska corporation

Berkshire Hathaway Consolidated Pension Plan  
c/o BH Media Group  
1314 Douglas Street  
Omaha, NE 68102  
Nebraska

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

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

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

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

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

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

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

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

Precision Castparts Corp. Master Trust  
c/o Precision Castparts Corporation  
4650 SW Macadan Ave.  
Suite 400  
Portland, OR 97239  
Oregon

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

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, Berkshire Hathaway Consolidated Pension Plan and Precision Castparts Corp. Master Trust are each an Employee Benefit Plan in accordance with § 240.13d-1(b)(1)(ii)(F).

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**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.

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**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 24<sup>th</sup> day of April, 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, GEICO ADVANTAGE INSURANCE  
COMPANY, NATIONAL FIRE & MARINE INSURANCE  
COMPANY, 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, BERKSHIRE HATHAWAY CONSOLIDATED  
PENSION PLAN AND PRECISION CASTPARTS CORP. MASTER  
TRUST

By: /s/ Warren E. Buffett  
Warren E. Buffett  
Attorney-in-Fact

By: /s/ R. Ted Weschler  
R. Ted Weschler



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**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

GEICO Advantage Insurance Company

National Fire & Marine Insurance Company

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

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

Berkshire Hathaway Consolidated Pension Plan

Precision Castparts Corp. Master Trust

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: April 24, 2017

/S/ Warren E. Buffett

Warren E. Buffett

Berkshire Hathaway Inc.

Dated: April 24, 2017

/S/ Warren E. Buffett

By: Warren E. Buffett

Title: Chairman of the Board

National Indemnity Company

Dated: April 24, 2017

/S/ Marc D. Hamburg

By: Marc D. Hamburg

Title: Chairman of the Board

GEICO Corporation

Dated: April 24, 2017

/S/ William E. Roberts

By: William E. Roberts

Title: President

Government Employees Insurance Company

Dated: April 24, 2017

/S/ William E. Roberts

By: William E. Roberts

Title: President

GEICO Advantage Insurance Company

Dated: April 24, 2017

/S/ William E. Roberts

By: William E. Roberts

Title: President

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National Fire & Marine Insurance Company

Dated: April 24, 2017

/S/ Marc D. Hamburg

By: Marc D. Hamburg  
Title: Chairman of the Board

GEICO Indemnity Company

Dated: April 24, 2017

/S/ William E. Roberts

By: William E. Roberts  
Title: President

GEICO Corporation Pension Plan Trust

Dated: April 24, 2017

/S/ William E. Roberts

By: William E. Roberts  
Title: President, GEICO Corporation

Johns Manville Corporation Master Pension Plan

Dated: April 24, 2017

/S/ Mary Rhinehart

By: Mary Rhinehart  
Title: President and Chief Executive Officer,  
Johns Manville Corporation

Berkshire Hathaway Consolidated Pension Plan

Dated: April 24, 2017

/S/ Terry Kroeger

By: Terry Kroeger  
Title: President and Chief Executive Officer,  
BH Media Group

BNSF Master Retirement Trust

Dated: April 24, 2017

/S/ Julie Piggott

By: Julie Piggott  
Title: Vice President, Burlington Northern Santa Fe, LLC

General Re Corp. Employee Retirement Trust

Dated: April 24, 2017

/S/ Kara Raiguel

By: Kara Raiguel  
Title: President, General Re Corporation

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Benjamin Moore & Co. Revised Retirement Income Plan

Dated: April 24, 2017

/s/ Michael Searles

By: Michael Searles  
Title: President, Benjamin Moore & Co.

Lubrizol Corp. Master Trust Pension

Dated: April 24, 2017

/s/ Brian Valentine

By: Brian Valentine  
Title: Senior Vice President, The Lubrizol Corporation

Buffalo News Editorial Pension Plan

Dated: April 24, 2017

/s/ Warren Colville

By: Warren Colville  
Title: President, The Buffalo News

Precision Castparts Corp. Master Trust

Dated: April 24, 2017

/s/ Shawn Hagel

By: Shawn Hagel  
Title: Executive Vice President and Chief Financial Officer, Precision Castparts Corporation

Buffalo News Pension Plan

Dated: April 24, 2017

/s/ Warren Colville

By: Warren Colville  
Title: President, The Buffalo News

Dated: April 24, 2017

/s/ R. Ted Weschler

R. Ted Weschler