FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Typ | pe Responses | 5) | | | | | | | | | | | | | |
|---|-------------------------|--------------------------|---|--------------------|-------|---------------------------|-------------------|---|--|---|----------------------------|------------------------------|---|--|---|
| | d Address of LL LARR | Reporting Person* Y E | | | | | | ter or Trading S [LSXMA] | ymbol | | Director | (Check | | e) Owner | |
| 12300 LI | | (First) OULEVARD | (Middle) | 3. Date of 12/12/2 | | | ansa | ction (Month/D | ay/Year) | - | Officer (give | e title below) | Other | (specify belo | w) |
| | | (Street) | | 4. If Am | endr | nent, Da | te Oı | riginal Filed(Mor | nth/Day/Year) | | Form filed by | One Reporting | | Applicable Lin | e) |
| ENGLEV | VOOD, CO | 0 80112 | | | | | | | | _ | Form filed by | More than One l | Reporting Person | | |
| (City | y) | (State) | (Zip) | | | 7 | Γable | e I - Non-Deriv | ative Securitie | s Acquire | l, Disposed | of, or Bene | ficially Owner | i | |
| 1.Title of So (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year |) any | ion l | ed Date, if y/Year) | Cod (Inst | e (A tr. 8) (Ir | Securities Acqual or Disposed of astr. 3, 4 and 5) (A) or mount (D) | of (D) Ov Tra | | ecurities Be ing Reported | d (| Ownership Form: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Reminder: I | Report on a s | eparate line for each | | · Derivat | ive S | Securitio | es Ac | Persons in this for a current equired, Dispos | | equired to 3 control ficially Ov | respond number. | | | | 1474 (9-02) |
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | (e.g., pu | ts, c | 5. Num | | 6. Date Exerci | | | nd Amount | 8 Price of | 9. Number of | 10. | 11. Natu |
| 1. Title of Derivative Security (Instr. 3) | Conversion | | Execution Date, if | Transac Code | | | tive ies ed | 6. Date Exerci Expiration Da (Month/Day/Y | te | of Under Securities (Instr. 3 a | ying | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersl Form of Derivati Security Direct (I or Indire | nip of Indire Benefici Ownersh (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) - BATRK | \$ 22.56 | 12/12/2017 | | A | | 932 | | 12/12/2018 | 12/12/2024 | Series Libert Brave Commo Stock | 932 on | \$ 0 | 932 | D | |
| Stock Option (Right to Buy) - FWONK | | 12/12/2017 | | A | | 4,093 | | 12/12/2018 | 12/12/2024 | Series Libert Formu One Commo | 4,093 | \$ 0 | 4,093 | D | |
| Stock Option (Right to Buy) - LSXMK | \$ 42.62 | 12/12/2017 | | A | | 6,246 | | 12/12/2018 | 12/12/2024 | Series Libert SiriusX Commo Stock | 6,246 | \$ 0 | 6,246 | D | |

Reporting Owners

| | | Relationsl | nips | |
|---|----------|--------------|---------|-------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| ROMRELL LARRY E 12300 LIBERTY BOULEVARD ENGLEWOOD, CO 80112 | X | | | |

Signatures

| /s/ Craig Troyer as Attorney-in-Fact for Larry E. Romrell | 12/14/2017 |
|---|------------|
| **Signature of Reporting Person | Date |
| | |

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.