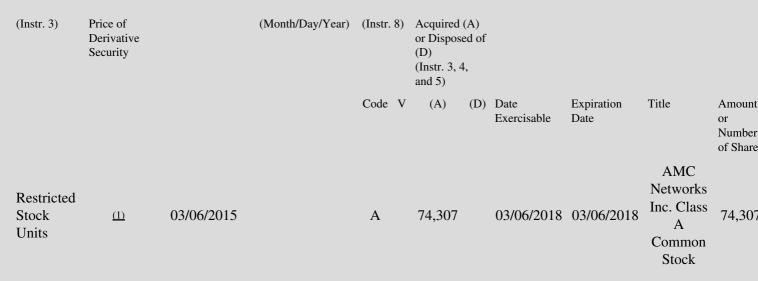
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| AMC Networks I Form 4 | nc. | | | | | | | | |
|---|--------------------------------|--|---|--|--|--|---|--|---|
| March 10, 2015 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | 9PROVAL 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations | | | | | | | | Expires: Estimated burden hou response | urs per |
| may continue. See Instruction 1(b). | | | | • | U | ny Act of 1 | | on | |
| (Print or Type Respondence) | nses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Sapan Joshua W | | | 2. Issuer Name and Ticker or Trading Symbol AMC Networks Inc. [AMCX] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
| (Last) | (First) (I | Middle) | 3. Date of Earliest Transaction | | | (Chi | eek all applicabl | 6) | |
| 11 PENN PLAZA | | | (Month/Day/Year) 03/06/2015 | | | | Director 10% Owner X Officer (give title Other (specify below) President and CEO | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | |
| NEW YORK, N | Y 10001 | | | | | | Person | More than One K | eporting |
| (City) (| State) | (Zip) | Tab | ole I - Non- | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned |
| | ansaction Date th/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if | 3. Transactic Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code V | Amount | (D) Price | (Instr. 3 and 4) | | |
| Reminder: Report on | a separate line | e for each cl | ass of sec | urities bene | ficially ow | ned directly | or indirectly. | | |
| | | | | | inforr requi | nation con red to resp ays a curre | spond to the colle tained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|-------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Sapan Joshua W 11 PENN PLAZA NEW YORK, NY 10001 | | | President and CEO | | | | |
| Signatures | | | | | | | |
| Anne G. Kelly, Attorney-in-fac Sapan | ua W. | 03/10/2015 | | | | | |
| <u>**</u> Signature of Reporting | | 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).
- (1) Each restricted stock unit is granted under the AMC Networks Inc. 2011 Amended and Restated Employee Stock Plan and represents a right to receive one share of Class A Common Stock or the cash equivalent thereof.

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.