FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | e· 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* Nair Balan | | | | 2. Issuer Name and Ticker or Trading Symbol CHARTER COMMUNICATIONS, INC. | | | | | | | | | k all app Direc | tor 10° | | on(s) to Is 10% Ov Other (s | vner | | |
|--|--|-------|----------|---|--|------|--------|--|------------------|----------------------|--|------------------|--|--|---|-----------------------------------|---|---------------------------------------|--|
| (Last) (First) (Middle) C/O CHARTER COMMUNICATIONS, INC. 400 ATLANTIC STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2020 | | | | | | | | | below | | | below) | specify | | |
| (Street) STAMFORD CT 06901 (City) (State) (Zip) | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) X | · | | | | | |
| | | Table | I - Non- | -Deriva | tive S | Secu | rities | Acq | uired, | Dis | oosed of | , or B | enef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | es Acqı Of (D) (I | uired (/ Instr. 3 | A) or , 4 and | 5. Amo Securit Benefic Owned Reporte | ies cially Following | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | |
| Class A Common Stock 04/28/2 | | | | | 2020 | | | | A | | 356(1) | A | | \$0 | 0 7,211 | | D | | |
| Class A Common Stock 04/28/2 | | | | 2020 | | | | A | | 237(2) | A | | \$0 | | 7,448 | |) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of erivative ccurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y Di or (I) |). wnership orm: irect (D) r Indirect ((Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Numb of Share | | | | | | |

Explanation of Responses:

- 1. Grant of Restricted Stock (price not applicable) valued at \$180,000 on date of grant, to fully vest on the anniversary date of the grant.
- 2. Grant of Restricted Stock (price not applicable) under an election offered by Charter Communications, Inc. to its eligible non-employee directors to accept board retainer in stock in lieu of cash valued at \$120,000 on date of grant, to fully vest on anniversary date of grant.

Remarks:

/s/Daniel J. Bollinger as 04/30/2020 attorney-in-fact for Balan Nair

** Signature of Reporting Person

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.