FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| UMB APPROVAL | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burde | en | | | | | | | | |
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| | OMB Number: Estimated average burde | | | | | | | | |

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

| 1. Name and Address of Reporting Person* Adams Thomas E. | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARTER COMMUNICATIONS, INC. /MO/ [CHTR] | | | | | | | | elationship (eck all applic Directo | able) | g Pers | on(s) to Iss 10% Ov Other (s | wner | |
|---|---|------------|---|--------|------------------------------|--|------|----------------------|--|----------|------------------------|---|--|--|--|---------------|--|--|--|
| (Last) (First) (Middle) C/O CHARTER COMMUNICATIONS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2013 | | | | | | | | X below) | speey | | | | |
| 400 ATLANTIC STREET | | | | | | 4. If Amondment, Date of Original Filed (Month/Dev/Voca) | | | | | | | 6 15 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) STAMFORD CT 06901 | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | Person | | | | | |
| | | Tal | ole I - N | on-Der | ivativ | re Se | curi | ties Ac | quirec | l, Di | sposed o | f, or Ber | neficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | | | | | s Acquired (A) or of (D) (Instr. 3, 4 and | | Benefic Owned | es For ally (D) Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Class A Common Stock 10/01/2 | | | | | L/2013 |)13 | | A | | 5,000(1) | A | \$135.35 | 55 5,000 | | | D | | | |
| Class A Common Stock 10/01/20 | | | | L/2013 | 013 | | F | | 1,593 ⁽²⁾ | D | \$135.35 | 55 3, | 407 I | | D | | | | |
| | | | Table II | | | | | | | | oosed of, convertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 0.1(3) | | | |
| Restricted Stock Units | \$135.355 | 10/01/2013 | | | С | С | | 5,000 ⁽¹⁾ | 10/01/ | 2013 | 10/01/2013 | Class A Common Stock | 5,000 | \$135.355 | 15,000 | | D | | |

Explanation of Responses:

- 1. Vesting of previously reported restricted stock units.
- $2. \ Withholding \ of securities \ for \ the \ purpose \ of \ paying \ taxes \ from \ securities \ reported \ in \ Footnote \ \#1.$

Remarks:

/s/Thomas E. Adams

10/02/2013

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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.