FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANG	ES IN BENEFIC	CIAL 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

1. Name and Address of Reporting Person* MAFFEI GREGORY B					2. Issuer Name and Ticker or Trading Symbol CHARTER COMMUNICATIONS, INC. /MO/ [CHTR]							(Che	ck all app	licable) tor	ng Pe	rson(s) to Is	Owner		
(Last)	`	rst) (I	Middle)	C.		3. Date of Earliest Transaction (Month/Day/Year) 04/23/2024							below	er (give title v)		Other (s	specify		
400 WASHINGTON BLVD.													6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) STAMFO	ORD C	Γ 0	6902				X Form filed by One Rep Form filed by More tha Person							Ü					
(City)	(Si	rate) (Z	Zip)		Rul	e 10)b5-	1(c)	Trans	sact	tion Indi	cati	on						
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed			
Date			2. Transa Date (Month/D	Execution (a) (a) (a) (a) (a) (a) (b) (a) (b) (a) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		A. Deemed xecution Date, any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed (ies Acquired (A) Of (D) (Instr. 3, 4					Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		Price	Transa	ansaction(s) nstr. 3 and 4)			(1115tr. 4)
Class A (Common St	ock		04/23/	2024				A		744(1)	1	A	\$0 7,123 D					
Class A C	Common St	ock		04/23/	2024				A		446(2)	1	A	\$ <mark>0</mark>	\$ 0 7,569 D				
	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)	if any	med on Date, Day/Year)	4. Transa Code (8)	action of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		estr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Num of Shar	.					

Explanation of Responses:

- 1. Grant of Restricted Stock (price not applicable) valued at \$200,000 on date of grant, to fully vest on the date of the Company's annual meeting of stockholders in 2025.
- 2. Grant of Restricted Stock (price not applicable) under an election offered by the Company 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 the date of the Company's annual meeting of stockholders in 2025.

Remarks:

/s/Jennifer A. Smith as attorney-in-fact for Gregory B. 04/25/2024 Maffei

** 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.