FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

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

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Goodman Kim C						2. Issuer Name and Ticker or Trading Symbol CHARTER COMMUNICATIONS, INC. /MO/ [CHTR]								ck all app Direc	tionship of Reporti all applicable) Director		10% Ov	wner	
(Last)	`	rst) (P	Middle)	C.		3. Date of Earliest Transaction (Month/Day/Year) 04/23/2024									Officer (give title below)		Other (s	specify	
400 WASHINGTON BLVD.					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) STAMF(ORD C	Γ 0	6902											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (Ž	Zip)		Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, installing satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										uction or writt	en pla	n that is inter	nded to	
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	y Own	ed			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					ay/Year) Execut		Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 and		ies Fo		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)		Price		ed ction(s) 3 and 4)			(Instr. 4)			
Class A C	Common St	ock		04/23/	2024				A		744 ⁽¹⁾ A \$ 0 6,132 D						D		
Class A C	lass A Common Stock 04/23/2					/2024			A		446(2)	I	1	\$ <mark>0</mark>	6	6,578		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)	ivative Conversion Date Execution Date, Truity or Exercise (Month/Day/Year) if any		4. Transa Code (8)	action (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		ınt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code			Date Exercisa	Date Expiration Date		Title	Title Shares							

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 Kim C.

04/25/2024

Goodman

** 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.