| SEC Form 4  |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
|---|--|--|--|---|---|-------------------------------|--------------------------------------|---|---|-----------------|----------------------|--------------------|---|---|--|--|---|-------------------------|--------------|--|
| FORM 4 UNIT   |  |  |  | ED STA  | TES   | SECURIT                       |                                      |   |   | IGE CO          | N                    |                    | _   |   |  |  |   |                         |              |  |
|   |  |  |  | Washington, D.C. 20549  |   |                               |                                      |   |   |                 |                      |                    |   | [   | OMB APPROVAL                                     |  |   |                         |              |  |
| Check this box if no longer subject to Section 16. Form 4<br>or Form 5 obligations may continue. See Instruction 1(b).  |  |  |  | TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934<br>or Section 30(h) of the Investment Company Act of 1940 |   |                               |                                      |   |   |                 |                      |                    |   | OMB Num<br>Estimated  |  |  | den   | 3235-0287               |              |  |
|   |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   |   | hours per r                                      | response:  |   | 0.5                     |              |  |
| 1. Name and Address of Reporting Person*  |  |  |  |   | 2. Issuer Name and Ticker or Trading Symbol<br>CHARTER COMMUNICATIONS, INC. /MO/ [ CHTR ] |                               |                                      |   |   |                 |                      |                    |   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                          |  |  |   |                         |              |  |
| Conn Lance  |  |  |  | CHARTER COMMUNICATIONS, INC. /MO/ [ CHIR ]  |   |                               |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
| ·   |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   | Officer (give title below) Other (specify below)  |  |  |   |                         | ecify below) |  |
| (Last) (First) (Middle)   |  |  |  |   | 3. Date of Earliest Transaction (Month/Day/Year)<br>04/25/2017                            |                               |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
| C/O CHARTER COMMUNICATIONS, INC.  |  |  |  |   |   | 04/25/2017                    |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
| 400 ATLANTIC STREET   |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
| (Street)  |  |  |  |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                  |                               |                                      |   |   |                 |                      |                    | 6. Inc  | 6. Individual or Joint/Group Filing (Check Applicable Line)<br>X Form filed by One Reporting Person |  |  |   |                         |              |  |
| STAMFORD CT 06901   |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    | Form filed by One Reporting Person  |   |  |  |   |                         |              |  |
|   |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   | rom med by more man one Reputing Person   |  |  |   |                         |              |  |
| (City) (State) (Zip)  |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  |  |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
| 1. Title of Security (Instr. 3)   |  |  |  | 2. Transactio<br>Date   | Exe   | 2A. Deemed<br>Execution Date, | 3. Transaction<br>Code (Instr. 8)    |   | 4. Securit<br>3, 4 and 5  | l (A) or Dispos | ed Of (D) (Inst      | Beneficially Owned |   | ollowing  | 6. Ownership Form:<br>Direct (D) or Indirect (I) |  | 7. Nature of<br>Indirect Beneficial                             |                         |              |  |
|   |  |  |  | (Month/Day/   |   | if any<br>(Month/Day/Year)    | Code V                               |   | Amount  |                 | (A) or (D) Price     |                    |   | Reported Transaction(s)<br>(Instr. 3 and 4)   |  | (Instr. 4)   |   | Ownership (Instr.<br>4) |              |  |
| Class A Common Stock  |  |  |  |   | 04/25/20  | 5/2017                        |                                      | A | A   |                 | 524 <sup>(1)</sup> A |                    | \$ <mark>0</mark>   | \$0 9,374   |  |  |   | D                       |              |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities) |  |  |   |   |                               |                                      |   |   |                 |                      |                    |   |   |  |  |   |                         |              |  |
| . Title of Derivative Security (Instr.<br>b) 2. Conversion Date Security Conversion Date (Instr. 8)<br>or Exercise (MonthVDay/Year) (MonthVDay/Year) 2. 3. Transaction Date Execution Date (Instr. 8)<br>price of Derivative (MonthVDay/Year) |  |  |  | Securit   | ber of Derivative<br>ies Acquired (A) o<br>ed of (D) (Instr. 3,                           | or Expira                     | e Exercisa<br>tion Date<br>h/Day/Yea |   | and 7. Title and Amount of Securities<br>Derivative Security (Instr. 3 and 4) |                 |                      | ying               | g 8. Price of 9. Nun<br>Derivative Security (Instr.<br>5) Benefi<br>Owned |   | e Fo<br>s (D)                                    | . Ownership<br>rm: Direct<br>) or Indirect<br>(Instr. 4) | 11. Nature of<br>Indirect Beneficial<br>Ownership (Instr.<br>4) |                         |              |  |

Date Exercisable

(A)

(D)

Expiration Date

Title

Explanation of Responses:

1. Grant of Restricted Stock (price not applicable) valued at \$180,000 on date of grant, to fully vest on anniversary date of grant.

Remarks:

 /s/Daniel J. Bollinger as attorney-in-fact for W.
 04/27/2017

 Lance Conn
 Date

Amount or Number of Shares

Reported Transacti (Instr. 4)

\*
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. 76ff(a).
Note: File three copies of this Form, one of which must be annually 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.

Code

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned constitutes and appoints each of Richard R. Dykhouse, Thomas E. Proost, Daniel J. Bollinger, Constance

The undersigned hereby grants to each attorney-in-fact full power and authority to perform all and every act requisite, necessary and proper to be done in the exerc

This Power of Attorney shall automatically terminate as to named attorneys-in-fact six months after the undersigned ceases to be a Section 16 Reporting Person of the

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed.

Date: May 16, 2014 By: /s/W. Lance Conn

Print Name: W. Lance Conn

Sec.16PowerAtty.doc