FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | | |
|--------------|--|--|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | | | 3235-028 | | | | | | | | | |
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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

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

| Name and Address of Reporting Person LOVETT MICHAEL J | | | | | CHARTER COMMUNICATIONS INC /MO/ [CHTR] | | | | | | | | | | | all app Direct Offic | cer (give title Othe | | 10% C Other | wner (specify |
|---|--|--|--|---------------|---|-----------------------------------|---------|--|---------|--|---------------------|-------|---|--|------------------------|---|---|---|--|------------------|
| | (Last) (First) (Middle) C/O CHARTER COMMUNICATIONS, INC. 12405 POWERSCOURT DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2008 | | | | | | | | | | | EVP and COO | | | | |
| (Street) ST. LOUIS MO 63131 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | , Dis | posed o | f, oı | Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | | Execution Date, | | Date, | Transaction Disposed Code (Instr. | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | l and 5) Secu Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transa | ransaction(s) nstr. 3 and 4) | | | (|
| Class A C | Common Sto | ock | | 08/11/ | 2008 | | | | S | | 81,475 | (1) | D | \$1.0 | 085 | 85 4,077,246 D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | on Date, TO C | | Transaction Code (Instr. 3) | | n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Previously reported restricted shares vested on August 10, 2008. Sale pursuant to previously adopted Rule 10b5-1 trading plan to automatically sell enough shares for the purpose of paying taxes due upon vesting.

Remarks:

/s/ Michael J. Lovett 08/12/2008

** 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.