FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHAN | IGES IN B | ENEFICIAL | OWNERSHIP |
|-----------|---------|-----------|------------------|------------------|

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| l | hours per response: | 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* Nair Balan | | | | | <u>CI</u> | 2. Issuer Name and Ticker or Trading Symbol CHARTER COMMUNICATIONS, INC. | | | | | | | | Check all ap | | ng Pers | Person(s) to Issuer | | |
|---|--|------|---------------|--------------------------------------|-------------|--|------------|--|--------------------------------------|-------|---|--------|---|---|-----------------------------|---|--|---|------------|
| (Last) (First) (Middle) C/O CHARTER COMMUNICATIONS, INC. 400 ATLANTIC STREET | | | | | 3. D 04/ | /MO/ [CHTR] 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2016 | | | | | | | | | Offi belo | cer (give title ow) | a Filipa | Other (specify below) | |
| (Street) STAMFO (City) | | |)6901 Zip) | | - 4.11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) X For For | -/ | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired | Dis | posed o | of, or | Bene | efici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | | | Execution Date, | | Code | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, | | | ind Secu Bene | ficially ed Following | Form | nership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | () | A) or D) | Price | Trans | action(s) . 3 and 4) | | | (Instr. 4) |
| Class A Common Stock 04/26/ | | | | | 6/2016 | /2016 | | A | | 618(1 |) A | | \$ | 0 4,104 | | | D | | |
| Class A Common Stock 04/26/ | | | | | 6/2016 | /2016 | | A | | 476(2 | 2) A | | \$ | 4,580 | | | 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 (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | | ransaction of ode (Instr. Derivative | | vative irities ired r osed) | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / O Fe D oi (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Ame or Nun of Sha | | | | | | |

Explanation of Responses:

- 1. Grant of Restricted Stock (price not applicable) valued at \$130,000 on the date of grant, to fully vest on the anniversary of the date of grant.
- 2. Grant of Restricted Stock (price not applicable) under an election offered by Charter Communications, Inc. to its eligible non-employee directors to accept board retainer in stock in lieu of cash valued at \$100,000 on date of grant, to fully vest on anniversary date of grant.

Remarks:

04/28/2016 /s/Balan Nair

** Signature of Reporting Person

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.