FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	2225 02

OMB Number: 3235-0287 Estimated average burden 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

							55()		investment e								
Name and Address of Reporting Person* Dias Anne					2. Issuer Name and Ticker or Trading Symbol Fox Corp FOX							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Dids A	<u>iiie</u>								-				X Directo	or	10% (Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/03/2019						\dashv	Officer below)	(give title	Other below	(specify)		
C/O FOX CORPORATION					"	00/2	010										
1211 AVENUE OF THE AMERICAS					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													,	filed by One	Reporting Pers	on	
NEW YO	ORK N	Y	10036											filed by More	than One Rep		
(City)	(S	tate)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ar) E	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr. 5)				Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) o	r Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)		
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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Deferred Stock Units	(1)	06/03/2019			A		21 ⁽²⁾		(3)	(3)	Class A Common Stock	21	\$34.24	3,285 ⁽⁴⁾	D		

Explanation of Responses:

- 1. Each deferred stock unit represents the equivalent of one share of Fox Corporation's Class A Common Stock.
- $2. \ Represents \ dividend \ equivalents \ accrued \ with \ respect \ to \ deferred \ stock \ units \ granted \ on \ March \ 19, \ 2019.$
- 3. The deferred stock units representing dividend equivalents become payable in stock upon the pay out of the underlying deferred stock units. The reported deferred stock units become payable on the earlier of (i) the first trading day of the quarter five years following the grant and (ii) the Reporting Person's end of service as a Director.
- 4. Represents the aggregate number of deferred stock units held by the Reporting Person, including dividend equivalents accrued that vest on the same terms as the respective underlying deferred stock units.

Remarks:

/s/ Laura A. Cleveland as Attorney-in-Fact for Anne Dias

06/05/2019

** 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.