SEC For	m 4																			
FORM 4 UNIT				ED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
													<u> </u>	DMB	VAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				ЕМЕ	NT OF	NERS	ERSHIP			OMB Number: 323 Estimated average burden										
				File		to Section 16(a to Section 16)						34			hours p	oer res	sponse:	0.5		
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
HERNANDEZ ROLAND A					<u>Fox Corp</u> [FOX]								X Director 10% Owner					wner		
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/27/2023								Officer (give title Other (specify below) below)					specify		
C/O FOX CORPORATION					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
1211 AVENUE OF THE AMERICAS														Line) X Form filed by One Reporting Person						
(Street)													Form filed by More than One Reporting							
NEW YORK NY 10036				Person																
					Rule	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ed to				
		Tab	le I - Nor	-Deriv	vative Se	curities Ac	quired	, Dis	osed	of, c	or Ben	eficial	ly Owi	ed						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deemed Execution Date, if any (Month/Day/Yea	Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secu Bene Own			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								v	Amount	:	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					(Instr. 4)		
		T				urities Acq ls, warrants							Owne	d						
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution rrity or Exercise (Month/Day/Year) if any		Date, Transaction Code (Instr.			6. Date E Expiratio (Month/E	n Date		ble and 7. Title and Amount of					9. Number of derivative Securities Beneficially Owned Following		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)			

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.

09/27/2023

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.

Date

Exercisable

(3)

(D)

Expiration

(3)

Date

Acquired (A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A)

241⁽²⁾

v

Code

A

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:

Deferred

Stock

Units

(1)

Explanation of Responses:

/s/ Laura A. Cleveland as Attorney-in-Fact for Roland A. 09/28/2023 Hernandez

** Signature of Reporting Person Date

Amount or Number

Shares

241

\$30.92

of

Title

Class A

Commor

Stock

Reported

Transaction(s) (Instr. 4)

29,032⁽⁴⁾

D

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.