SEC For	m 4																	
FORM 4 UNITE				ED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNERSH Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number:     3235-0287       Estimated average burden        hours per response:     0.5				
1. Name and Address of Reporting Person* Tomsic Steven (Last) (First) (Middle) C/O FOX CORPORATION					Fox Corp [ FOX ]       (Check all app Direction (Check a									or 10% Owner r (give title Other (specify				
1211 AVENUE OF THE AMERICAS (Street) NEW YORK NY 10036 (City) (State) (Zip)					4. 11	Line) X Form fil									Ioint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting			
		Tab	le I - Nor	-Deriv	ative	Sec	urities	s Ac	quired, Di	isposed	of, or Be	neficial	ly Owned	1				
1. Title of Security (Instr. 3) Date (Month/Date)					Executio			Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Benefici	s Forn ally (D) o following (I) (Ir		: Direct of r Indirect E str. 4) 0	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V	Amount	(A) o (D)	r Price	Transac	Transaction(s) (Instr. 3 and 4)			1150.4)	
		Т							uired, Dis , options,				Owned					
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)		4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/N	ate	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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	09/29/2021			A		29 <sup>(2)</sup>		(3)	(3)	Class A Common Stock	29	\$0.00	4,912 <sup>(4</sup>	4)	D		
Restricted Stock Units	(1)	09/29/2021			Α		140 <sup>(2)</sup>		(5)	(5)	Class A Common Stock	140	\$0.00	23,656	(4)	D		

**Explanation of Responses:** 

(1)

1. Each restricted stock unit represents the equivalent of one share of Fox Corporation's Class A Common Stock.

2. Represents dividend equivalents accrued with respect to restricted stock units.

09/29/2021

3. The restricted stock units vested one-third on August 15, 2020, one-third on August 15, 2021 and the remainder of the award will vest on August 15, 2022.

A

158(2)

4. Represents the aggregate number of restricted stock units held by the Reporting Person, including dividend equivalents accrued that vest on the same terms as the respective underlying restricted stock units.

(6)

(6)

Class A

Common Stock

158

\$0.00

5. The restricted stock units vested one-third on August 15, 2021, and will vest one-third on each of August 15, 2022 and August 15, 2023. 6. The restricted stock units will vest one-third on each of August 15, 2022, August 15, 2023 and August 15, 2024.

**Remarks:** 

Restricted

Stock Units

<u>/s/ Laura A. Cleveland as</u>
Attorney-in-Fact for Steven
Tomsic
** Signature of Reporting Person

09/30/2021

Date

26.817<sup>(4)</sup>

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.