SEC Form 4															
FORM 4	TES S	TES 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).				t to Section 16(a tion 30(h) of the	es Exchar		HIP	Estin	OMB Number: 3235-0 Estimated average burden hours per response:		3235-0287 n 0.5				
1. Name and Address of Reporting <u>Ryan Paul D</u>		er Name and Tick <u>Corp</u> [FOX]	ıding S	Symbol	(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owne									
(Last) (First)	3. Date of Earliest Transaction (Month/Day/Year) 09/27/2023								Officer (give title Other (specify below) below)						
C/O FOX CORPORATION 1211 AVENUE OF THE AM	4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) NEW YORK NY									Form filed by More than One Reporting Person						
(City) (State)		Rule 10b5-1(c) Transaction Indication 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.													
	Table I - No	n-Deriv	ative S	ecurities Ac	quired	, Dis	posed c	of, o	or Bene	eficiall	y Owned	d			
1. Title of Security (Instr. 3) Date (Month/D				2A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)) or 4 and Beneficially Owned Foll Reported		Forn (D) c	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
				v	Amount	(A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
				curities Acqu lls, warrants							Owned				
Security or Exercise (Month/Day/Year) if any C			1. Fransactio Code (Instr 3)		Expiratio	Expiration Date An Month/Day/Year) Se				7. Title and Amount of Securities Underlying		. Price of erivative ecurity ecurity nstr. 5)		10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershi

Security (Instr. 3)		or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr. 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)		Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
	Deferred Stock Units	(1)	09/27/2023		A		241 ⁽²⁾		(3)	(3)	Class A Common Stock	241	\$30.92	29,032 ⁽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.

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 Paul D. 09/28/2023 <u>Ryan</u> Date

** 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.