FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028
ATEMENT OF STIANGES IN BENEFICIAL SWITCHOM	Estimated average bur	rden
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.
or Section 30(h) of the Investment Company Act of 1940		

See Ins	struction 10.	**************************************			2 10	201101	Nama a	ad Tio	lear or T	Fradin	a Cu	mbal			5.5) alationahin	of Donortin	a Dor	aan(a) ta laa	wor	
1. Name ar Burck	2. Issuer Name and Ticker or Trading Symbol Fox Corp FOX									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)											
Durck											✓ Direct			10% O							
(Last) (First) (Middle) C/O FOX CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2024									Office below	specify					
		THE AMERICA	C																		
1211 AV	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street)																Form filed by One Reporting Person					
NEW YO	ORK N	Y	10036													Form Perso		re thar	n One Repo	rting	
(City)	(S	tate)	(Zip)																		
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Ac	quire	d, D	isp	osed o	of, or	Ben	eficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Dispose Code (Instr. 5)						Benefic Owned	ies Fo cially (D) Following (I)			7. Nature of Indirect Beneficial Ownership	
										de V	,	Amount	(A) or D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
		T	able II - [Derivat e.g., pu												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)		of Deriva Securi Acquir (A) or Dispos of (D)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		s. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Ex Da	piration te	Title		Amount or Number of Shares						
Deferred Stock	(1)	11/19/2024			A		4,916		(2)		(2)	Class	s A non	4,916	\$45.76	25,358	(3)	D		

Explanation of Responses:

- 1. Each deferred stock unit represents the equivalent of one share of Fox Corporation's Class A Common Stock.
- 2. The deferred stock units become payable in stock 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.
- 3. 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 William

11/20/2024

A. Burck

** 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.