FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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				Washington, I	D.C. 20549					

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-024

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Estimated average b	urden
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).

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 defense conditions of Rule 10b5-1(c).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name ar		Reporting Person*							ker or Tradi	ng S	ymbol				telationship eck all appli		g Per	son(s) to Iss	suer	
Johnson Margaret L						Fox Corp [FOX]							I ' _	✓ Direct	,		10% O	wner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2024								1	Officer below	(give title		Other (below)	specify	
C/O FOX CORPORATION							024													
1211 AVENUE OF THE AMERICAS							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line) Form filed by One Reporting Person					
NEW YO	NEW YORK NY 10036													'	Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	Se	curities	s Ac	quired, I	Disp	osed o	of, or B	ene	ficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction [Code (Instr. 5		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic Owned	es ally Following	Form (D) o	vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	(A) or (D) Price		Transac	Reported Transaction(s) (Instr. 3 and 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)	ate Execution			4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	ımber						
Deferred Stock Units	(1)	11/19/2024			A		4,916		(2)		(2)	Class A Commor Stock	4	,916	\$45.76	11,433	(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 Margaret 11/20/2024 L. Johnson

** 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.