FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
houre per reenonee	0.5							

	ions may contir tion 1(b).	nue. See		Filed							ties Exchar			34		hours	per re	sponse:	0.5	
	nd Address of	Reporting Person*			2. 19	ssuer I	. ,	nd Tic	ker or Tr		. ,	. 01 13-	40		telationship eck all appli Direct	cable)	g Pers	son(s) to Issu		
(Last) (First) (Middle) C/O FOX CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 03/29/2023							X Officer (give title below) be Chief Legal and Policy C				pecify r				
		THE AMERICA	\S		4. If	Amer	ndment,	Date	of Origina	al File	d (Month/Da	ay/Yea	ar)	6. Ir		Joint/Group	Filing	g (Check App	olicable	
(Street) NEW Y	ORK N	Y	10036													filed by Moi		orting Persor n One Repor		
(City) (State) (Zip)						ıle 1	0b5-	1(c)) Tran	sac	tion Ind	dicat	tion							
											saction was r ons of Rule					on or written	plan th	nat is intended	i to	
		Tab	le I - Nor	n-Deriv	ative	Sec	urities	s Ac	quired	, Dis	sposed o	of, or	r Ben	eficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E				action 2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Disposed Code (Instr. 5)		rities Acquired (A) ad Of (D) (Instr. 3, 4			Benefic Owned	es ially Following	Form (D) o	n: Direct or Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)				
		7	able II - I								osed of converti				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/Ye	Date, T	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares						
Restricted Stock	(1)	03/29/2023			A		226 ⁽²⁾		(3)		(3)		ss A nmon	226	\$0.00	30,213	(4)	D		

Explanation of Responses:

(1)

(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.

03/29/2023

03/29/2023

3. The restricted stock units vested one-third on August 15, 2021, one-third on August 15, 2022 and the remainder of the award will vest on August 15, 2023.

A

4. Represents the aggregate number of restricted stock units with respect to a specific grant that are held by the Reporting Person, including dividend equivalents accrued that vest on the same terms as the respective underlying restricted stock units.

(5)

(6)

(5)

(6)

Stock

Class A

Stock

Class A

Stock

341

\$0.00

\$0.00

45,662(4)

77,168(4)

D

D

5. The restricted stock units vested one-third on August 15, 2022, will vest one-third on August 15, 2023 and the remainder of the award will vest on August 15, 2024.

341⁽²⁾

577⁽²⁾

6. The restricted stock units will vest one-third on each of August 15, 2023, August 15, 2024 and August 15, 2025.

Remarks:

Units

Units

Stock Units

Restricted

Restricted

/s/ Laura A. Cleveland as 03/30/2023 Attorney-in-Fact for Viet D. <u>Dinh</u>

** 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.