## Edgar Filing: THIGPEN CARL S - Form 4

THIGPEN C Form 4	CARL S											
July 03, 201	ЛЛ									PPROVAL		
	UNITED	STATES		RITIES A				COMMISSIO	N OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	suant to S (a) of the F	ection T Public U	<b>SECUI</b> 16(a) of th	RITIE ne Secu ding C	<b>S</b> urities Compa	Excha ny Act	WNERSHIP OF nge Act of 1934, of 1935 or Secti 940	Estimated burden hou response	urs per	5	
(Print or Type	Responses)											
1. Name and A THIGPEN	Address of Reporting CARL S	Person <sup>*</sup>	Symbol	er Name <b>an</b>			-	5. Relationship Issuer	of Reporting Per	rson(s) to		
(1 +)	(First) (	Middle)	MEDIA GENERAL INC [MEG]				EGJ	(Check all applicable)				
(Last) 333 E. FRA	,	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>06/30/2012</li></ul>					XDirector10% Owner Officer (give titleOther (specify below) below)					
RICHMON		4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivat	ive Secı	ırities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispos (Instr.	red (A) of (I sed of (I 3, 4 and (A) or	D) 15)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Rej	port on a separate line	e for each cla	ass of sec	urities bene	Per info rec dis	rsons v ormatio juired t	who res on cont o resp	or indirectly. Spond to the collection ained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(Instr.

Derivative Security				(A) or Disposed (D) (Instr. 3, and 5)							
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (1)	<u>(3)</u>	06/30/2012	А		3,968		(2)	(2)	Class A Common Stock	3,968	\$ 4.(

## **Reporting Owners**

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

 THIGPEN CARL S
 333 E. FRANKLIN STREET
 X
 X
 X

 RICHMOND, VA 23219
 X
 X
 X
 X

/s/ Carl S. Thigpen, by Andrew C. Carington, Attorney-in-fact

\*\*Signature of Reporting Person

07/02/2012 Date

## **Explanation of Responses:**

- \* 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).
- (1) Reports quarterly allocations under the Company deferred compensation plan for outside director fees.
- (2) Upon termination of service as a director, the units become payable in accordance with the settlement election of the reporting person.
- (3) Each unit is the economic equivalent of one share of Class A common stock.
- (4) Additionally, 4,000 non-derivative Class A common shares are held directly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.