Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

UIILO /	7110		11711	OL.	
Washington	DC3	0549			

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction	10.																	
Name and Address of Reporting Person* Maga, Incooh				2. Issuer Name and Ticker or Trading Symbol Graham Holdings Co GHC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Maas, Jacob				Similar From Soco [Sinc]									Direc			10% O	-		
													Officer (giv below)		er (give title		Other (: below)	specify	
(Last)	(F	irst) (Middle)					Trans	saction (Month	n/Day/Year)				DEIOV	′	tivo '	,	
C/O GRAHAM HOLDINGS COMPANY			01/0	01/02/2025								Executive VP							
1300 NO	RTH 17T	H STREET SHI	ΓF 170	00															
1300 NORTH 17TH STREET, SUITE 1700				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable								
(Street)					'' "'									Line)					
ARLING	TON V	Α	22209											1	Form	filed by On	e Rep	orting Pers	on
AKLINC	JION V	A 2	.2209														ed by More than One Reporting		orting
,				-											Perso	on			
(City)	(S	itate) (Zip)																
		Table	l - No	on-Deriva	tive \$	Secui	rities	Acc	quired	, Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Se Be Ov		curities F eneficially (I ened Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) o (D)	Pric	е		ction(s) 3 and 4)			(Instr. 4)	
Class B Common Stock 01/02/20				025		A ⁽¹⁾		430	430 A		0(2)	4,982			D				
Class B Common Stock 01/02/20			025	25 F 257 ⁽³⁾ D \$871.87 4,725		,725	725 D												
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		tion Date,		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price Derivati Security (Instr. 5)		ive derivative y Securities	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	er					

Explanation of Responses:

- 1. Class B shares awarded as restricted stock under incentive plan
- 2. N/A
- 3. Represents withholding of Class B shares for the tax liability associated with the vesting and settlement of restricted stock previously awarded under incentive plan on January 4, 2021.

Remarks:

/s/ Nicole M. Maddrey, 01/06/2025 attorney-in-fact

** 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.