FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3235-0287 Estimated average burden hours per response: 0.5

**OMB APPROVAL** 

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 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 Instructior	1 10.																			
Name and Address of Reporting Person*  Snymon Morgal A							2. Issuer Name <b>and</b> Ticker or Trading Symbol Graham Holdings Co GHC								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Snyman Marcel A.										,	_	- 1				Direc			10% O		
4.0																Officer (give title below)			Other ( below)	specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025									VP-Chief Accounting Officer					
C/O GRAHAM HOLDINGS 1300 NORTH 17TH ST.							01/02/2023														
SUITE 1700																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															1	<u>'</u>					
ARLINGTON VA 22209																Form filed by More than One Repo Person			orting		
(City)	City) (State) (Zip)																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						eemed ution D h/Day/	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Pri	ce	Transa (Instr. 3	tion(s)			(111511. 4)		
Class B Common Stock 01/02					01/02/2	025						229(1)	A		<b>50</b> <sup>(2)</sup>		685		D		
Class B Common Stock 01/02/2					025				F		84(3)	D	\$8	71.87		601		D			
Class B Common Stock 01/06/2					025				S <sup>(4)</sup>		159	D \$8		381.3	442		D				
			Tab	ole II -								osed of,				Owne	d				
					(e.g., pu	ts, ca	alis, v	varra	ants,	optio	ns, c	convertib	le sed	curiti	es)						
1. Title of Derivative Security (Instr. 3)	2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date (Month/Day/Year) If any (Month/Day/Year) Security			tion Date,	on Date, Transa Code (I				6. Date Exercisa Expiration Date (Month/Day/Yea		ate	Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	Beneficial Ownership ct (Instr. 4)		
						Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er						
Cumlomotics																					

## Explanation of Responses:

- 1. Class B shares awarded as restricted stock under incentive plan.
- 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.
- 4. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 23, 2024.

## Remarks:

/s/ Nicole M. Maddrey, attorney-in-fact

01/06/2025

\*\* 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.