FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Graham Holdings Co		Date of Event Requiring Staten Month/Day/Year 06/05/2015	nent	3. Issuer Name and Ticker or Trading Symbol Cable One, Inc. [CABO]					
-	(First) 17TH STREET	(Middle)			Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below)	10% Owne Other (spec below)	er (Applicable Line)	l/Group Filing (Check
(City)	VA (State)	22209 (Zip)							y One Reporting Person y More than One erson
		Т	able I - Non	-Derivat	tive Securities Beneficiall	y Owned			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
						(Instr. 5)			
Common Stock	x, par value \$0.0)1			1,000	(Instr. 5)			
Common Stock	s, par value \$0.0				1,000 re Securities Beneficially (ants, options, convertible	D Owned	s)		
Common Stock 1. Title of Derivat		(e.ç		isable and	e Securities Beneficially (ants, options, convertible	D Owned securities	4. Conversi or Exerci Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

/s/ Nicole M. Maddrey, Senior

Vice President, General Counsel and Secretary of

06/05/2015

Graham Holdings Company

** 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 5 (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.