BURCH KEN L Form 4/A January 06, 2009

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB agas

**OMB APPROVAL** 

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5. Relationship of Reporting Person(s) to

Issuer

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

1(b).

(Print or Type Responses)

BURCH KEN L

1. Name and Address of Reporting Person \*

may continue.

See Instruction

|                                      |   |          | SHENANDOAH TELECOMMUNICATIONS CO/VA/ [SHEN] 3. Date of Earliest Transaction (Month/Day/Year) 11/26/2008 |                                       |                                  | (Check all applicable) _X_ Director10% Owner   |              |   |  |   |
|--------------------------------------|---|----------|---|---------------------------------------|----------------------------------|--|--------------|---|--|---|
| (Last) PO BOX 4                      | ,                                       | (Middle) |   |                                       |                                  | Officer (give title below) Other (specify below)   |              |   |  |   |
|                                      | (Street)<br>.G, VA 22824                |          | 4. If Amendment, Date Original Filed(Month/Day/Year) 01/06/2009   |                                       |                                  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |              |   |  |   |
| (City)                               | (State)                                 | (Zip)    | Tab   | le I - Non-                           | Derivativ                        | e Secu   | ırities Acqı | uired, Disposed of,   | or Beneficiall   | y Owned   |
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) |          | Date, if  | 3.<br>Transacti<br>Code<br>(Instr. 8) | 4. Securi or(A) or Do (Instr. 3, | ispose   | d of (D)     | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      | 11/26/2008                              |          |   | S                                     | 5,000                            | D  | \$<br>23.952 | 246,493.7955  | D  |   |
| Common<br>Stock                      | 11/26/2008(1)                           |          |   | S                                     | 6,526                            | D  | \$ 23.95     | 239,967.7955  | D  |   |
| Common<br>Stock                      | 11/26/2008                              |          |   | S                                     | 2,082                            | D  | \$<br>23.905 | 237,885.7955  | D  |   |
| Common<br>Stock                      |   |          |   |                                       |                                  |  |              | 567   | I  | Spouse  |
| Common<br>Stock                      | 11/26/2008(2)                           |          |   | S(2)                                  | 6,728<br>(2)                     | D  | \$ 24 (2)    | 231,157.7955  | D  |   |

#### Edgar Filing: BURCH KEN L - Form 4/A

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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.         | 6. Date Exerc    | isable and | 7. Titl | e and    | 8. Price of | 9 |
|-------------|-------------|---------------------|--------------------|-------------|------------|------------------|------------|---------|----------|-------------|---|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | orNumber   | Expiration Da    | ate        | Amou    | int of   | Derivative  | J |
| Security    | or Exercise |                     | any                | Code        | of         | (Month/Day/      | Year)      | Under   | lying    | Security    | , |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e                |            | Securi  | ities    | (Instr. 5)  | ] |
|             | Derivative  |                     |                    |             | Securities |                  |            | (Instr. | 3 and 4) |             | ( |
|             | Security    |                     |                    |             | Acquired   |                  |            |         |          |             | ] |
|             |             |                     |                    |             | (A) or     |                  |            |         |          |             | J |
|             |             |                     |                    |             | Disposed   |                  |            |         |          |             | - |
|             |             |                     |                    |             | of (D)     |                  |            |         |          |             | ( |
|             |             |                     |                    |             | (Instr. 3, |                  |            |         |          |             |   |
|             |             |                     |                    |             | 4, and 5)  |                  |            |         |          |             |   |
|             |             |                     |                    |             |            |                  |            |         |          |             |   |
|             |             |                     |                    |             |            |                  |            |         | Amount   |             |   |
|             |             |                     |                    |             |            | Date             | Expiration | m: 1    | or       |             |   |
|             |             |                     |                    |             |            | Exercisable Date | Title      | Number  |          |             |   |
|             |             |                     |                    | G 1 17      | (A) (B)    |                  |            |         | of       |             |   |
|             |             |                     |                    | Code V      | (A) (D)    |                  |            |         | Shares   |             |   |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |
|---------------------------------|---------------|
| Reporting Owner Maine / Address |               |

Director 10% Owner Officer Other

BURCH KEN L PO BOX 459 X EDINBURG, VA 22824

## **Signatures**

/s/ Ken L. Burch 01/09/2009

\*\*Signature of Reporting Person 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) Correct previously reported date of 11/27/2008
- (2) Transaction inadvertantly omitted from original filing.

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.

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