Edgar Filing: MACKENZIE EARLE A - Form 4

	ZIE EARLE A										
Form 4	2011										
February 23								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									3235-0287		
Check this box Washington, D.C. 20549								Number:	January 31,		
if no lon subject t Section Form 4	to SIAIE 16.	MENT OI	F CHAI		N BENEF RITIES	TCIAL O	WNERSHIP OF	Estimated burden hoi	Expires. 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may corn <i>See</i> Instruction 1(b).	ons Section 170	(a) of the l	Public U	Jtility Ho	lding Co		nge Act of 1934, a of 1935 or Section 1940	on			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> MACKENZIE EARLE A			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer					
			SHENANDOAH TELECOMMUNICATIONS CO/VA/ [SHEN]				(Check all applicable)				
(Last)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)				Officer (give title Other (specify below) below) Executive Vice President				
PO BOX 4			02/21/2								
	(Street)			endment, I onth/Day/Ye	Date Origina ar)	al	6. Individual or J Applicable Line) _X_Form filed by	One Reporting P	erson		
EDINBUR	G, VA 22824						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	eficially ow	ned directly	or indirectly.				
					inforr requi	nation con red to resp ays a curre	spond to the colle- tained in this form ond unless the for ntly valid OMB co	are not m	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	l			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	` `	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (I) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Stock Option	\$ 16.58	02/21/2011		А	33,014	<u>(1)</u>	02/20/2021	Common Stock	33,014	
Restricted Stock Units	<u>(2)</u>	02/21/2011		А	9,538	(3)	02/21/2015	Common Stock	9,538	

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
MACKENZIE EARLE A PO BOX 459 EDINBURG, VA 22824			Executive Vice President			
Signatures						

Earle A MacKenzie 02/22/2011 <u>**</u>Signature of Date Reporting Person

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) The option vests 1/4 on each the first, second, third and fourth anniversary. The option (and shares issuable upon exercise of the option) are subject to cancellation and forfeiture in accordance with the Company's executive compensation recovery policy.
- (2) Each restricted stock unit represents a contingent right to receive one share of common stock.
- The restricted stock units vest 1/4 on each the first, second, third and fourth anniversary subject to the continuous employment by the (3) Company or one of its affiliates until the date of vesting. Vested shares will be delivered to the reporting person on the vesting date. The restricted stock units are subject to forfeiture in accordance with the Company's executive compensation recovery policy.

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.