# FORM 4

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

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Response	es)																
1. Name and Address of Reporting Person* MALONE JOHN C				2. Issuer Name and Ticker or Trading Symbol Liberty Media Corp [LCAPA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner					
(Last) (First) (Middle) 12300 LIBERTY BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 10/25/2011								X Officer (give title below) Other (specify below)  Chairman of the Board					
(Street)			4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person					
ENGLEWOOD, C	O 80112											_		d by More than	One Reporting	1 CISOII	
(City)	(State)	(Zip)			T	able I	- No	n-Dei	rivative	Securitie	es Ac	cquir	ed, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	Exect any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		ction	(A) or Disposed of (Instr. 3, 4 and 5)		of (I	f(D) Benefici		int of Securities fally Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
							ode	V	Amour	(A) (D)		rice	(	,		or Indirect (I) (Instr. 4)	
Series A Liberty C Common Stock	apital	10/25/2011				G	<u>(1)</u>	V	250,00	00 D	\$	0	1,950,5	10		D	
Series A Liberty C Common Stock	apital												75,252			I	By Spouse
Series A Liberty C Common Stock	apital												550			I	By 401(k) Savings Plan (3)
Reminder: Report on a	separate line fo	or each class of sec	urities b	eneficia	lly o	wned	direct	Pers	sons wh tained i	no respo n this fo	orm	are	not requ	ction of inf nired to res OMB cont	spond unle	ess	2 1474 (9-02)
		Table II	Deriva	ative Se	curit	ies Ao arran	equir	ed, D	isposed	of, or Be	enefic	cially	y Owned				
1. Title of Derivative Security (Instr. 3)  2. Date Date (Month/Day Price of Derivative Security		Year) Execution D			etion	5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7 A U S	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Securit Direct of Or India	Ownersh (y: (Instr. 4) rect	
				Code	V	(A)	(D)	Date Exe	e rcisable	Expirati Date	on T		Amount or Number of Shares				

#### **Reporting Owners**

D. C. O. N.	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MALONE JOHN C 12300 LIBERTY BLVD. ENGLEWOOD, CO 80112	X	X	Chairman of the Board					

### **Signatures**

/s/ John C. Malone	11/09/2011			
**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) The Reporting Person is voluntarily reporting this transaction early on a Form 4, which transaction occurred on October 25, 2011.
- (2) The Reporting Person disclaims beneficial ownership of these shares owned by his spouse.
- (3) The number of shares reported as held in the reporting person's 401(k) is based on a plan statement from the Plan Administrator for the Issuer's 401(k) Savings Plan dated as of September 30, 2011.

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.