FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

pe Response	s)												
1. Name and Address of Reporting Person* SHEAN CHRISTOPHER W			2. Issuer Name and Ticker or Trading Symbol Liberty Media Corp [LMCA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 12300 LIBERTY BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 12/15/2011						X Officer (give title below) Other (specify below) Senior VP, CFO				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						ured, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any	3. Transaction Code (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
			(Month/Day/ Y ear)	Code	V	Amount	(A) or (D)	Price	(msu. 3 and 4)			or Indirect (I)	Ownership (Instr. 4)
	npital	12/15/2011		F		737	D	\$ 74.01 (1)	17,392			D	
-	npital								4,072.7	4		I	By 401(k) Savings Plan (2)
Report on a s	separate line fo	or each class of secu	rities beneficially or	wned direc	Pers	sons wh tained ir	o resp	form are	e not requ	ired to res	pond unle	ss	1474 (9-02)
Derivative Conversion I		Year) Execution Da	4. Transaction Code Year) (Instr. 8)	Number and		Expiration Date Annth/Day/Year) US		7. T Am Und Sec	itle and ount of lerlying urities tr. 3 and		Derivative Securities Beneficially Owned Following Reported	Ownersl Form of Derivati Security Direct (I or Indirect)	Beneficia Ownershi : (Instr. 4)
			Code V	(A) (D)				tion Title	Amount or Number of Shares				
	d Address of CHRISTO CHRISTO BERTY B WOOD, CO Cecurity Liberty Ca Stock Liberty Ca Stock Report on a s 2. Conversion or Exercise Price of Derivative	d Address of Reporting Poch CHRISTOPHER W (First) (BERTY BOULEVAL (Street) WOOD, CO 80112 (State) decurity Liberty Capital Stock Liberty Capital Stock Report on a separate line for Exercise Price of Derivative	d Address of Reporting Person* CHRISTOPHER W (First) (Middle) BERTY BOULEVARD (Street) WOOD, CO 80112 (State) (Zip) decurity 2. Transaction Date (Month/Day/Year) Liberty Capital 12/15/2011 Liberty Capital 1 Stock Report on a separate line for each class of secundary and the security of Derivative 2. Table II - (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)	2. Issuer Name a Liberty Media 3. Date of Earliest 12/15/2011 (Street) WOOD, CO 80112 (State) 2. Transaction Date (Month/Day/Year) Liberty Capital 1 Stock Report on a separate line for each class of securities beneficially or Exercise (Month/Day/Year) 2. Table II - Derivative Security (e.g., puts, calls, w. Code (Instr. 8) Table II - Derivative Security (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Instr. 8)	2. Issuer Name and Ticker	Address of Reporting Person* CHRISTOPHER W Chirst Christ Ch	Charles of Reporting Person	CHRISTOPHER W Liberty Media Corp [LMCA] Street Street Street Street	Address of Reporting Person* CHRISTOPHER W 2. Issuer Name and Ticker or Trading Symbol Liberty Media Corp [LMCA] 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) WOOD, CO 80112 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 3, 4 and 5) 4. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Transaction Date (Month/Day/Year) 4. Transaction Date (Month/Day/Yea	Address of Reporting Person* CHRISTOPHER W Chief Christ Chr	Address of Reporting Person CHRISTOPHER W Chiefly Media Corp [LMCA] S. Relationship of Rep (CHRISTOPHER W Chiefly Media Corp [LMCA] S. Date of Earliest Transaction (Month/Day/Year) S. Relationship of Rep (Christ) S. Month (Month/Day/Year) S. Relationship of Rep (Christ) S. Month (Month/Day/Year) S. Relationship of Rep (Christ) S. Month (Month/Day/Year) S. Month (Month/Day/Year) S. Relationship of Rep (Christ) S. Month (Month/Day/Year) S. Month (Month/Day/Year) S. Relationship of Rep (Christ) S. Month (Month/Day/Year) S. Month (Month/Day/Year) S. Month (Month/Day/Year) S. Amount of Securities (Instr. 8) S. Amount of Securities (Instr. 3) S. Amo	2. Issuer Name and Ticker or Trading Symbol CHRISTOPHER W (Missis) (Missis) (Missis) (Street) (Street) (Street) (Street) (A If Amendment, Date Original Filed/Month/Day/Year) (Street) (WOOD, CO 80112 (Street) (A) (Street) (A) (Street) (Street) (A) (Street) (A) (Street) (Street) (A) (Street) (A) (Street) (A) (Street) (A) (Street) (Street) (A) (Street) (A) (Street) (A) (Street) (A) (Cob) (Cip) (Cob) (Cip) (Cob) (Month/Day/Year) (Mont	2. Issuer Name and Ticker or Trading Symbol Liberty Media Corp [LMCA] S. Relationship of Reporting Person(s) to Issue (Check all applicable) Simple (Check all applicable) Discover (Check all applicable)

Reporting Owners

		Rela	lationships		
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
SHEAN CHRISTOPHER W 12300 LIBERTY BOULEVARD ENGLEWOOD, CO 80112			Senior VP, CFO		

Signatures

Pamela L. Coe as Attorney-in-fact		12/19/2011
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**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 price reflects a weighted average of sales made at prices ranging from \$73.04 to \$74.97.
- The number of shares reported as held in the reporting person's 401(k) is based on a statement from the Plan Administrator dated as of November 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.