

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

| 1. Name and Address of Reporting Person * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|-----------|-------------|----------------------|-------------|---|-------------|--------------------------------------|-------|---|---|---|---|---|--|--|-------------------------|
| Gottesman Patricia A. | | | | | WORLD WRESTLING ENTERTAINMENTINC WWE | | | | | | | _X_ Director | , | 10% | 6 Owner | |
| (Last) | (First) |) (Mi | iddle) | | 3. Da | ate of Earl | iest Transa | ctior | ı (MM/I | D/YYYY) |) | Officer (gi | ve title below |) Oth | er (specify b | pelow) |
| C/O WORLI ENTERTAIN MAIN STRE | NMENT, | | 241 E. | AST | | | 10/1 | 1/20 | 18 | | | | | | | |
| MAIN STREET (Street) | | | | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | Y) 6. Individual | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| STAMFORD, CT 06902 | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (C | ity) (Sta | te) (Zip | p) | | | | | | | | | | | | | |
| | | | Table 1 | I - Non-l | Deriv | vative Sec | urities Acq | uire | ed, Dis | posed of | f, or 1 | Beneficially Own | ed | | | |
| 1.Title of Security (Instr. 3) | | | | 2. Trans. D | Date 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | de | 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securi Following Reported (Instr. 3 and 4) | ties Beneficially Owned Transaction(s) | | Ownership Form: Direct (D) | Beneficial Ownership |
| | | | | | | | Code | V | Amour | (A) or (D) | Pric | ee | | | or Indirect (Instr. 4) (I) (Instr. 4) | |
| Class A Common Stock 10/1/201 | | | | 10/1/201 | 8 | | A | | 265 | A | \$0 | 1) | | 23,744 | D | |
| | Tab | le II - Der | ivative | Securiti | ies B | eneficially | Owned (a | e.g., | puts, c | alls, wa | rran | s, options, conve | rtible secu | ırities) | | |
| 1. Title of Derivate Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Trans. Date Execution Date, if any | | on (Inst | Acquired Disposed | | ve Securities d (A) or | | Date Exercisable and Expiration Date | | Secur Deriv (Instr. | e and Amount of ities Underlying ative Security 3 and 4) | Inderlying Security Security (Instr. 5) | | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Co | de | V (A) | (D) | | rcisable | | Title | Shares | | (Instr. 4) | 4) | |

Explanation of Responses:

(1) These shares were received in lieu of cash as a portion of the filer's directors' fees.

Reporting Owners

| Reporting Owners | _ | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Domontino Overnor Nomo / Address | Relationships | | | | | |
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| Gottesman Patricia A. | | | | | | |
| C/O WORLD WRESTLING ENTERTAINMENT, INC. | v | | | | | |
| 1241 EAST MAIN STREET | Λ | | | | | |
| STAMFORD, CT 06902 | | | | | | |

Signatures

| Patricia A. Gottesman | 10/1/2018 | | | |
|---------------------------------|-----------|--|--|--|
| **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 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).

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 control number.