

[] 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

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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

| Name and Address of Reporting Person * | | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------------|-------------------------------------|---|--|---|-----------------------------------|--|---------------|---|---|---|---|---|---|---|--|--|
| Peterson Robyn | | | | | | WORLD WRESTLING ENTERTAINMENTINC WWE | | | | | | | | X Director 10% Owner | | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | Officer (give title below) Other (specify below) | | | | | |
| C/O WORLD WRESTLING | | | | | | 7/1/2019 | | | | | | | | | | | | |
| ENTERTAI MAIN STRI | | , INC., 1 | 1241 E | CAST | | | | | | | | | | | | | | |
| | (Str | eet) | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| STAMFORD, CT 06902 (City) (State) (Zip) | | | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | Table | I - Non | ı-Der | ivati | ive Secı | ırities Ac | quir | ed, Di | isposed o | f, or | Bei | neficially Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | . Date | 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | or Dis | | sposed of (D) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | Ownership of Form: | 7. Nature of Indirect Beneficial | | | |
| | | | | | | | | Code | v | Amou | (A) or (D) | Pric | ce | | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Class A Common Stock 7/1/2019 | | | | 19 | | | A | | 369 | A | \$0 | <u>(1)</u> | 10035 | | | D | | |
| | Tab | le II - Dei | rivative | Securi | ities I | Bene | ficially | Owned (| e.g. , | , puts | , calls, w | arra | nts, | , options, conve | rtible sec | urities) | • | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deer Execution Date, if a | n (In | Trans. estr. 8) | Code | Derivativ Acquired Disposed | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | | rities vativ | nd Amount of s Underlying e Security and 4) | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned | Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | (| Code | V | (A) | (D) | Date Exer | cisable | Expiration Date | Title | | nount or Number of ares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 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 | | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Peterson Robyn | | | | | | | | |
| C/O WORLD WRESTLING ENTERTAINMENT, INC. | v | | | | | | | |
| 1241 EAST MAIN STREET | Λ | | | | | | | |
| STAMFORD, CT 06902 | | | | | | | | |

Signatures

Robyn W. Peterson 7/1/2019

**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.