

[] 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. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|-------------------|-------------------------------------|----------------|--|-----------|---------------------------------------|-----------------|---------|--------------------|--|---|---|-----------|---|--|--|--|
| VV CAICI THAII IVI | | | | | WORLD WRESTLING ENTERTAINMENTINC [WWE] | | | | | | | | X Director 10% Owner | | | | | |
| | | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | Officer (give title below) Other (specify below) | | | | | |
| C/O WORLD WRESTLING | | | | | 4/1/2020 | | | | | | | | | | | | | |
| ENTERTAI MAIN STRI | NMENT | | | AST | | | | | | | | | | | | | | |
| | | | | | 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 | I - Non-De | rivat | tive Seci | urities Ac | quir | ed, Di | sposed o | f, or | Bene | eficially Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. E | | | | 2. Trans. Date | 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | or Disp | | posed of (D) | | Fol | Amount of Securities Beneficially Owned following Reported Transaction(s) Instr. 3 and 4) | | | Ownership Form: of Indir Benefic | Beneficial | |
| | | | | | | | Code | v | Amou | nt (A) or (D) | Prio | ce | | | | | Ownership (Instr. 4) | |
| Class A Common Stock 4/1/2020 | | | | 4/1/2020 | | | A | | 679 | A | so (| (1) | 2208 | | | D | | |
| | Tal | ole II - De | rivative | Securities | Ben | eficially | Owned (| e.g., | puts, | calls, wa | rran | ıts, op | ptions, conver | tible sec | urities) | • | • | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deen Execution Date, if a | n (Instr. 8 | | | ve Securities I (A) or I of (D) | Expiration Date | | | 7. Title and A Securities Un Derivative S (Instr. 3 and | | Inderlying Security | | 9. Number of derivative 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 | Amou Share | unt or Number of | | 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 Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Wexler Alan M C/O WORLD WRESTLING ENTERTAINMENT, INC. 1241 EAST MAIN STREET STAMFORD, CT 06902 | X | | | | | | |

Signatures

Alan M Wexler 4/1/2020

**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.