

☐ 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
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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

| 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) | | | | |
|---|------------|-------------|----------|---|---|--|--|--------------------|------------|--|---|-------------------|---|---|----------------------------------|---------------|--|
| Goldfarb Stuart | | | | | | WORLD WRESTLING ENTERTAINMENTINC WWE | | | | | | | X_ Director 10% Owner | | | | |
| (Last) | (First | t) (M | fiddle) | | 3. D | ate of Earl | iest Transa | ction | ı (MM/DI | D/YYYY) | | Officer (giv | e title below | v)Oth | ner (specify b | below) | |
| C/O WORLI ENTERTAII MAIN STRI | NMENT, | | | AST | | | 7/1 | /20 | 20 | | | | | | | | |
| | (Stre | eet) | | | 4. If | Amendme | ent, Date O | rigin | al Filed | (MM/DI | D/YYYY | 6. Individual | or Joint/G | roup Filing | (Check Appl | licable Line) | |
| STAMFORD, CT 06902 | | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (C | City) (Sta | ate) (Z | ip) | | | | | | | | | | | | | | |
| | | | Table | I - Non- | Deri | vative Sec | urities Acc | quire | ed, Disp | osed of | , or B | eneficially Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. I | | | | 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | de | or Disposed of (D) | | | Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4) | | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | V | Amount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Class A Common St | tock | | | 7/1/202 | 0 | | A | | 607 | A | \$0 <u>(1)</u> | ! | | 25,891 | D | | |
| | Tal | ole II - De | rivative | Securit | ies B | Beneficially | Owned (| e.g., | puts, ca | lls, wa | rrants | , options, conver | tible secu | urities) | | | |
| 1. Title of Derivate Security (Instr. 3) Price of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Trans. Date Executi Date, if | | on (Inst | | Acquire Dispose (Instr. 3 | ve Securities d (A) or d of (D) , 4 and 5) | and | 6. Date Exercisable and Expiration Date Date Expiration | | | and Amount of es Underlying ive Security and 4) | nderlying Derivative Security (Instr. 5) | | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. | Beneficial | | | |
| | | | | Co | ode | V (A) | (D) | Exe | rcisable D | ate | Title S | hares | | (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 | | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Donouting Overnor Nome / Address | Relationships | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Goldfarb Stuart | | | | | | |
| C/O WORLD WRESTLING ENTERTAINMENT, INC. | v | | | | | |
| 1241 EAST MAIN STREET | Λ | | | | | |
| STAMFORD, CT 06902 | | | | | | |

Signatures

Stuart U. Goldfarb 7/1/2020

**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.