

# WORLD WRESTLING ENTERTAINMENT INC

## FORM 3

(Initial Statement of Beneficial Ownership)

Filed 8/31/2001 For Period Ending 8/30/2001

Address	1241 E MAIN ST STAMFORD, Connecticut 06902
Telephone	203-352-8600
CIK	0001091907
Industry	Recreational Activities
Sector	Services
Fiscal Year	04/30

OMB APPROVAL  
OMB Number: 3235-0104  
Expires: December 31, 2001  
Estimated average burden  
hours per response.....0.5

**U.S. SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

**FORM 3**

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person\*

**Invemed Catalyst Fund, L.P.**

(Last) (First) (Middle)

**375 Park Avenue, Suite 2205**

	(Street)	
New York	NY	10152
-----	-----	-----
(City)	(State)	(Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

8/30/2001

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Issuer Name and Ticker or Trading Symbol

**World Wrestling Federation Entertainment, Inc.**  
**("WWF")**

5. Relationship of Reporting Person to Issuer  
(Check all applicable)

<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
<input type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)

6. If Amendment, Date of Original (Month/Day/Year)

7. Individual or Joint/Group Filing (Check applicable line)

**TABLE I -- NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A Common Stock, par value \$.01 per share	2,582,773	D	

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 5(b)(v).

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.

(Over)

**TABLE II -- DERIVATIVE SECURITIES BENEFICIALLY OWNED**  
(E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----
=====	=====	=====	=====	=====	=====	=====	=====

**Explanation of Responses:**

Invemed Catalyst Fund, L.P.  
 By: Invemed Catalyst GenPar, LLC  
     its General Partner  
 By: Gladwyne Catalyst GenPar, LLC  
     its Managing Member

/s/ Suzanne Present

August 30, 2001

-----  
 \*\*Signature of Reporting Person  
 Name: Suzanne Present  
 Title: Member

-----  
 Date

\*\* 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 provided 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.