FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

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)			
Ramirez-Carr Suzette						WORLD WRESTLING							,			
					ENTERTAINMENTINC [WWE]							Director	Director 10% Owner			
(Last) (First) (Middle)					3. Da	te of Ear	liest Trans	actio	n (MM/l	DD/YYYY	_X_ Officer (gi	_X_ Officer (give title below) Other (specify below)				
												EVP, Chief H	EVP, Chief Human Resources Off			
C/O WORLD WRESTLING						7/20/2023										
ENTERTAIN			AST N	IAIN												
STREET	, ,															
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)			
cm	- CTT 0 CO															
STAMFORD, CT 06902													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(C	ity) (Stat	te) (Zip	p)									roilli filed by	Wiore man	nie Keporting r	CISOII	
			Table 1	I - Non-I)eriv	ative Se	curities Ac	quir	ed, Dis	sposed o	f, or l	Beneficially Own	ed			
1. Title of Security			2	2. Trans. Da												7. Nature
(Instr. 3)					Execution (Instr. 8) Date, if any							(Instr. 3 and 4)	Following Reported Transaction(s) (Instr. 3 and 4)			Beneficial
						,,				,,						Ownership
										(A) or					or Indirect (I) (Instr.	(Instr. 4)
							Code	V	Amoun	. /	Price	;			4)	
Class A Common St	ock			7/20/2023	3		$\mathbf{F}^{(\underline{1})}$		902 (1	D	\$108.2	3		15,112 ⁽²⁾	D	
	Tabl	le II - Der	ivative	Securiti	es Be	eneficial	y Owned	(e.g.,	puts,	calls, wa	rrant	s, options, conve	rtible secu	ırities)		
1. Title of Derivate												e and Amount of		9. Number of	10.	11. Nature
			Execution Date, if a		: 8)		tive Securities ed (A) or	and				ties Underlying ative Security		derivative Securities	Ownership Form of	of Indirect Beneficial
(111541.5)	Price of		Bute, ir e	,		Dispos	ed of (D)					3 and 4)	d 4) (Instr. 5)	Beneficially	Derivative	Ownership
	Derivative Security					(Instr.	3, 4 and 5)							Owned Following	Security: Direct (D)	(Instr. 4)
	Security							ъ.		Eiti		A		Reported	or Indirect	
				Co	de	V (A)	(D)	Dat Exe	ercisable	Expiration Date		Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
		l	1			. ()	(-)				1		<u> </u>			l

Explanation of Responses:

- (1) Consists of a portion of vesting stock units withheld by the Company to pay withholding taxes priced at the close of business on July 20, 2023.
- (2) Includes 192 shares of dividend accruals and employee stock purchase plan purchases not previously reported because they are exempt under Section 16.

Reporting Owners

reporting owners								
Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Ramirez-Carr Suzette								
C/O WORLD WRESTLING ENTERTAINMENT			EVD Chief Human Descurees Off	,				
1241 EAST MAIN STREET			EVP, Chief Human Resources Off					
STAMFORD, CT 06902								

Signatures

Suzette Ramirez-Carr 7/20/2023

**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.