

[] 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

| WEICKER LOWELL P JR | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|-------------------|--------------------------------------|--|---|----------------------------|-----------------------------------|---|---|--------------------|----------|---|---|---|---|--|-------------------------|--|
| | | | | | | | | | | | | | X Director | | | | | |
| (Last) | (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | Officer (giv | ve title below | v)O | ther (specify | below) | |
| C/O WORL | | | | A CITE | | | 1/2 | 2/20 | 07 | | | | | | | | | |
| ENTERTAI MAIN STRI | EET | | 1241 E | | | | | | | | | | | | | | | |
| (Street) | | | | 4. | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| STAMFORD, CT 06902 | | | | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (C | City) (Sta | ate) (Z | iip) | | | | | | | | | | Form filed by | More than (| One Reporting F | erson | | |
| | | | Table I | - Non-Dei | rivat | ive Secu | ırities Ac | quir | ed, Di | sposed o | of, or | Ве | eneficially Owne | ed | | | | |
| 1. Title of Security (Instr. 3) | | | . Trans. Date | te 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | or Dis | | curities Acquired (A) sposed of (D) . 3, 4 and 5) | | ĺ | 5. Amount of Securit Following Reported (Instr. 3 and 4) | ties Beneficially Owned Transaction(s) | | 6. Ownership Form: | Beneficial | | |
| | | | | | | | Code | v | Amou | (A) or (D) | r Pri | ice | | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Class A Common Stock 1/2/20 | | | | 1/2/2007 | | | A | | 460 | A | \$0 |) | 3626 | | | D | | |
| Class A Common Stock | | | | | | | | | | | | | | 200 | | I | By wife | |
| | Tab | le II - Dei | rivative S | Securities 1 | Bene | eficially | Owned (| e.g. | , puts | , calls, w | arra | nts | s, options, conve | rtible sec | eurities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deem Execution Date, if an | (Instr. 8) | | | re Securities (A) or of (D) | 6. Date Exercisable and Expiration Date | | | | es Underlying ve Security | 8. Price of Derivative Security (Instr. 5) | 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 | | mount or Number of nares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | | |

Explanation of Responses:

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WEICKER LOWELL P JR C/O WORLD WRESTLING ENTERTAINMENT, INC. 1241 EAST MAIN STREET STAMFORD, CT 06902 | X | | | | | | |

Signatures

Lowell P. Weicker, Jr. 1/3/2007

**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.