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MEDIA GENER	AL INC									
Form 4										
April 03, 2007 FORM 4	UNITED	STATES					E COMMISSION	M OMB	PPROVAL 3235-028	87
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instructior 1(b).	STATEM Filed pur Section 17(Washington, D.C. 20549 EMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES pursuant to Section 16(a) of the Securities Exchange Act of 1934, 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Estimated burden hou response	January 3 200 average urs per	31,
(Print or Type Respo	nses)									
1. Name and Address of Reporting Person <u>*</u> Smolla Rodney A			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
	MEDIA GENE				IERAL INC [MEG]			Check all applicable)		
(Last) (First) (Middle) 333 EAST FRANKLIN ST			3. Date of Earliest Transaction (Month/Day/Year) 03/30/2007			X_ Director10% Owner Officer (give titleOther (specify below)below)				
(Street) RICHMOND, VA 23219			4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by Form filed by	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivati	ve Securities	Acquired, Disposed	of, or Beneficia	ally Owned	
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	ed Date, if	3. Transactic Code (Instr. 8) Code V	4. Secu onAcquir Dispos (Instr. 1	(A) or ed of (D) (A) and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Report or	n a separate line	e for each cla	ass of sec	urities bene	ficially o	owned directly	or indirectly.			
					Per info req dis	sons who re ormation cor uired to res	espond to the colle ntained in this form pond unless the for ently valid OMB co	are not m	SEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr. 5)

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	Derivative Security				Acqui (A) or Dispo of (D) (Instr. and 5)	r osed) . 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (1)	\$ 0	03/30/2007	А		371		(2)	(2)	Class A Common Stock	371	\$ 39.10
Phantom Stock (3)	\$ 0	03/30/2007	А		4		(2)	(2)	Class A Common Stock	4	\$ 40.15

Reporting Owners

Reporting Owner Name / Address					
I O	Director	10% Owner	Officer	Other	
Smolla Rodney A					
333 EAST FRANKLIN ST	Х				
RICHMOND, VA 23219					
Signatures					
/s/ Rodney A Smolla by Geor	ge L. Mal	honev			

Attorney-in-fact	04/03/2007		
**Signature of Reporting Person	Date		

Explanation of Responses:

- * 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).
- (1) Reports quarterly allocations under the Company deferred compensation plan for outside directors fees.
- (2) Exercisable upon retirement of director.
- (3) Reports quarterly allocations under the Company deferred compensation plan for automatic reinvestment of quarterly dividends on the units.

Note: File three copies of this Form, one of which must be manually signed. If space 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.