|  | SEC | Form | 4 |
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| transaction<br>contract, in<br>purchase o<br>issuer that<br>affirmative | was made pursuant to a<br>struction or written plan for 1<br>r sale of equity securities of<br>is intended to satisfy the<br>defense conditions of Rule<br>See Instruction 10. |          |   |  |
|---|--|----------|---|--|
|   | Address of Reporting Per   |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Atlanta Braves Holdings, Inc. [BATRA] | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director X 10% Owner                       |
| (Last)  | (First)  | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)<br>01/22/2024                              | Officer (give title Other (specify below) below)   |
| ONE CORI  | PORATE CENTER  |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                    | <ol> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person</li> </ol> |
| (Street)<br>RYE   | NY   | 10580    |   | X Form filed by More than One Reporting Person   |
| (City)  | (State)  | (Zip)    |   |  |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code (Instr.<br>8) |  | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and 5) |   |       | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |
|---------------------------------|--|---|---|--|--|---|-------|--|---|---|
|                                 |  |   | Code V                                  |  | Amount (A) or<br>(D)   |   | Price | Transaction(s)<br>(Instr. 3 and 4)                                     |   | (Instr. 4)  |
| Series A Common Stock           | 01/22/2024                                 |   | s                                       |  | 200  | D | \$43  | 3,800  | Ι   | By:<br>Limited<br>Partnership<br>III <sup>(1)</sup> |
| Series A Common Stock           |  |   |   |  |  |   |       | 2,550  | <b>D</b> <sup>(2)</sup>   |   |
| Series A Common Stock           |  |   |   |  |  |   |       | 22,800   | D <sup>(3)</sup>  |   |
| Series A Common Stock           |  |   |   |  |  |   |       | 42,000   | D <sup>(4)</sup>  |   |
| Series A Common Stock           |  |   |   |  |  |   |       | 15,000   | Ι   | By:<br>Limited<br>Partnership<br>I <sup>(1)</sup>   |
| Series A Common Stock           |  |   |   |  |  |   |       | 12,500   | Ι   | By:<br>Limited<br>Partnership<br>II <sup>(1)</sup>  |
| Series A Common Stock           |  |   |   |  |  |   |       | 20,000   | I   | By:<br>Limited<br>Partnership<br>IV <sup>(1)</sup>  |
| Series A Common Stock           |  |   |   |  |  |   |       | 2,500  | I   | By:<br>Limited<br>Partnership<br>V <sup>(1)</sup>   |

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

| 1. Title of<br>Derivative<br>Security (Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 4.<br>Transac<br>Code (Ir<br>8) |   | Derivative |     | Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                                     | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|--|---|--|---------------------------------|---|------------|-----|-------------------------------------|--------------------|--|-------------------------------------|--------------------------------------|--|--|--|
|  |   |  | Code                            | v | (A)        | (D) | Date<br>Exercisable                 | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of Shares |                                      | Transaction(s)<br>(Instr. 4)   |  |  |

|  | ESTORS, INC.          |          |
|--|-----------------------|----------|
| (Last)                                   | (First)               | (Middle) |
| ONE CORPORAT                             | E CENTER              |          |
| (Street)                                 |                       |          |
| RYE                                      | NY                    | 10580    |
| (City)                                   | (State)               | (Zip)    |
| 1. Name and Address<br>Associated Cap    |                       |          |
| (Last)<br>191 MASON STR                  | (First)               | (Middle) |
| 191 MASON STR                            | EEI                   |          |
| (Street)<br>GREENWICH                    | СТ                    | 06830    |
|  | 01                    | 00050    |
| (City)                                   | (State)               | (Zip)    |
| 1. Name and Address of <u>GGCP, INC.</u> | of Reporting Person * |          |
| (Last)                                   | (First)               | (Middle) |
| 189 MASON STR                            | EET                   |          |
| (Street)                                 |                       |          |
| GREENWICH                                | СТ                    | 06830    |
| (City)                                   | (State)               | (Zip)    |
| 1. Name and Address of GABELLI MA        |                       |          |
| (Last)                                   | (First)               | (Middle) |
| 191 MASON STR                            | EET                   |          |
| (Street)                                 |                       |          |
| GREENWICH                                | CT                    | 06830    |
| (City)                                   | (State)               | (Zip)    |

## Explanation of Responses:

1. GAMCO Investors, Inc. and Associated Capital Group, Inc. have less than a 100% interest in this entity; GGCP, Inc. has less than a 100% interest in GAMCO Investors, Inc. and Associated Capital Group, Inc.; and Mario J. Gabelli has less than a 100% interest in GGCP, Inc. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater that the Reporting Persons' indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

2. These shares are owned by Associated Capital Group, Inc.

3. These shares are owned by Mario J. Gabelli.

4. These shares are owned by GGCP, Inc.

/s/ Douglas R. Jamieson, Attorney-In-Fact for MARIO J. GABELLI, GGCP INC., and ASSOCIATED CAPITAL GROUP, INC. /s/ Peter D. Goldstein, General 01/23/2024 Counsel for GAMCO **INVESTORS, INC.** Date

01/23/2024

\*\* Signature of Reporting Person

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 Number.