FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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hours per response:	0.5						

INITIAL STATEMENT OF 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* <u>Liberty Media Corp</u>			2. Date of Event Re Statement (Month/E 07/17/2023		3. Issuer Name and Ticker or Trading Symbol Atlanta Braves Holdings, Inc. [NONE]						
(Last) 12300 LIBERTY (Street) ENGLEWOOD (City)	(First) Y BOULEVARD CO (State)	(Middle) 80112 (Zip)			Relationship of Reporting Person((Check all applicable) Director X Officer (give title below)	10%	% Owner er (specify	6. In	nth/Day/Year) Idividual or Joint/Glicable Line) K Form filed by	e of Original Filed Group Filing (Check One Reporting Person More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					1,000		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exerc Expiration Da (Month/Day/Y			ate	and 3. Title and Amount of Securitie Derivative Security (Instr. 4)		Conv		5. Ownership Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	or Nu	mount Der	e of ivative urity	Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

The Reporting Person beneficially owns all of the outstanding equity securities of the Issuer.

Liberty Media Corporation By: /s/

Brittany A. Uthoff, Title: Vice President and Assistant Secretary

** Signature of Reporting Person

. Date

07/17/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).