| Bruha Sheldo  | on                 |                               |                         |   |            |              |            |  |                                       |                                |  |
|---|--------------------|-------------------------------|-------------------------|---|------------|--------------|------------|--|---------------------------------------|--------------------------------|--|
| Form 4<br>February 15,  | 2019               |                               |                         |   |            |              |            |  |                                       |                                |  |
| •   | Л                  |                               |                         |   |            |              |            |  |                                       | PPROVAL                        |  |
|   |                    |                               |                         | ECURITIES AND EXCHANGE COM<br>Washington, D.C. 20549                                      |            |              |            | COMMISSION   | OMB<br>Number:                        | 3235-0287                      |  |
| Check this<br>if no long<br>subject to                                | er STATEM          | STATEMENT OF CHANGES IN BENEF |                         |   |            |              |            |  |                                       | January 31,<br>2005<br>average |  |
| Section 16.<br>Form 4 or  |                    |                               |                         | SECURITIES  |            |              |            |  | burden hou response                   | rs per<br>0.5                  |  |
| Form 5  | • •                |                               |                         |   |            |              | •          | e Act of 1934,   | ·                                     | 0.0                            |  |
| obligation<br>may conti   | inue. Section 17(a |                               | Public Ut<br>of the Inv | •   | •          | · ·          |            | f 1935 or Section  | n                                     |                                |  |
| See Instru<br>1(b).   | iction             | 50(II)                        |                         | vestment  | Compan     | y Aci        | . 01 194   | +0   |                                       |                                |  |
| (Print or Type Responses)   |                    |                               |                         |   |            |              |            |  |                                       |                                |  |
|   |                    |                               |                         |   |            |              |            |  |                                       |                                |  |
| 1. Name and Address of Reporting Person *2. IssuerBruha SheldonSymbol |                    |                               |                         | er Name <b>and</b> Ticker or Trading  |            |              |            | 5. Relationship of Reporting Person(s) to Issuer                   |                                       |                                |  |
| FRO   |                    |                               | FRONT                   | FRONTIER COMMUNICATIONS<br>CORP [FTR]   |            |              |            | (Check all applicable)   |                                       |                                |  |
| (Last)  | (First) (M         | /liddle)                      | 3. Date of              | Earliest Tra  | ansaction  |              |            | Director   |                                       | Owner                          |  |
|   |                    |                               |                         | (Month/Day/Year)<br>02/14/2019  |            |              |            | XOfficer (give titleOther (specify<br>below) below)<br>Interim CFO |                                       |                                |  |
|   |                    |                               | 4. If Ame               | 4. If Amendment, Date Original Filed(Month/Day/Year)                                      |            |              |            | 6. Individual or Joint/Group Filing(Check                          |                                       |                                |  |
|   |                    |                               | Filed(Mon               |   |            |              |            | Applicable Line)<br>_X_ Form filed by One Reporting Person         |                                       |                                |  |
| NORWALK   | , CT 06851         |                               |                         |   |            |              |            |  | fore than One Re                      |                                |  |
| (City)  | (State)            | (Zip)                         | Table                   | e I - Non-D   | erivative  | Securi       | ties Acc   | uired, Disposed of   | , or Beneficial                       | ly Owned                       |  |
| 1.Title of<br>Security<br>(Instr. 3)                                  | ar                 |                               | on Date, if             | 3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5) |            |              | d of       | Securities<br>Beneficially   | 5. Ownership<br>Form: Direct<br>D) or | Indirect<br>Beneficial         |  |
|   |                    | (Nonth/                       | Day/Year)               | (Instr. 8)  | (Instr. 3, | 4 and<br>(A) | 5)         | Owned<br>Following<br>Reported<br>Transaction(s)                   | Indirect (I)<br>(Instr. 4)            | Ownership<br>(Instr. 4)        |  |
|   |                    |                               |                         | Code V  | Amount     | or<br>(D)    | Price      | (Instr. 3 and 4)   |                                       |                                |  |
| Common<br>Stock   | 02/14/2019         |                               |                         | F   | 1,623      | D            | \$<br>2.37 | 10,771   | D                                     |                                |  |

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

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.

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

## Edgar Filing: Bruha Sheldon - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | ınt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>               | Relationships |            |                |       |  |  |  |
|---|---------------|------------|----------------|-------|--|--|--|
|   | Director      | 10% Owner  | Officer        | Other |  |  |  |
| Bruha Sheldon<br>401 MERRITT 7<br>NORWALK, CT 06851 |               |            | Interim<br>CFO |       |  |  |  |
| Signatures  |               |            |                |       |  |  |  |
| /s/ Mark D. Nielsen, under Powe<br>Attorney         | er of         | 02/15/2019 |                |       |  |  |  |
| **Signature of Reporting Person                     |               | I          | 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).

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.