FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

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

					1		, .				ilpuily Act c			_						
	nd Address o	2. Issuer Name and Ticker or Trading Symbol LEE ENTERPRISES, Inc [LEE]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
1/11/101	<u> </u>										X Dire	ctor		10% Ov	vner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023										er (give title w)		Other (s below)	specify	
C/O LEE	Δ If Δr	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
4600 E. 53RD STREET						4. II Amendment, Date of Original Flied (Month/Day/Teal)								Line	Line)					
,	1											X Form filed by One Reporting Person								
(Street) DAVEN	PORT IA	. 5	2807		Forr Pers											n filed by More than One Reporting on				
			Rule 10b5-1(c) Transaction Indication																	
(City)	(S	ate) (2	Zip)																	
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - Noı	n-Deriva	tive S	ecui	rities	Acq	uired, [Disp	osed of	, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transact						ion 2A. Deemed 3. 4. Securities Acquired							d (A) or	A) or 5. Amount of			vnership	7. Nature		
	,,,			Date (Month/Da	Execution Date,			Date,	Transaction Disposed Of (D)			(Insti	r. 3, 4	Secur Benef				of Indirect Beneficial		
				(WOILLINDA	yrrear)	y ith/Day	//Year)	Code (Instr. and 5)					Owne	d	(D) or Indirect (I)	ect (I)	Ownership			
					Ι΄				<u> </u>					Follov Repor		(Instr	nstr. 4)	(Instr. 4)		
									Code	v	Amount	(A (D	() or ()	Price	Trans	ction(s) 3 and 4)				
Common Stock 06/01/2						2023			A		4,648	+	A	\$0	2	22,130		D		
												, , , ,								
		Tab		Derivativ (e.g., pu												ed				
1. Title of	2.	3. Transaction	3A. De	emed	4.		5.		6 Date Ex	verci	sable and	7 Tit	tle and	4 I	3. Price of	9. Number	of .	10.	11. Nature	
Derivative	Conversion	Date	Execut	tion Date,	Transac		Number		Expiration	te	Amount of		f 1	Derivative	derivative		Ownership	of Indirect		
Security (Instr. 3)				/Day/Year)	Code (II 8)	de (Instr. of Derivative Securities		ative	(Month/Day/Year) Securities Underlying Derivative						Security Instr. 5)	Securities Beneficiall		Form: Direct (D) or Indirect	Beneficial Ownership	
(iiisti. o)				"Day" (car)	",			rities								Owned	´ ((Instr. 4)	
							Acquired (A) or Disposed		Security (Instr. 3 and					nd 4)		Following Reported	- 19	(I) (Instr. 4)		
									(iiisti. 3 aliu				,		Transaction(s) (Instr. 4)					
						of (D) (Instr. 3, 4 and 5)														
												Am	ount							
												or	nber							
				l <u>.</u> .	l	l	_,	Date		Expiration		of								
				Code	Code V (A) (D)			Exercisable Date		Title Shares		ires								

Explanation of Responses:

/s/Timothy B. Gulbranson, Limited POA, Attorney-in-

06/05/2023

Fact

** 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 Number.