

LIONS GATE ENTERTAINMENT CORP /CN/  
 Form 3  
 November 16, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
 OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden 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,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Discovery Communications, Inc.			(Month/Day/Year)	LIONS GATE ENTERTAINMENT CORP /CN/ [LGF]	
(Last)	(First)	(Middle)	11/10/2015		
ONE DISCOVERY PLACE,Â			4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line)
SILVER			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner		<input type="checkbox"/> Form filed by One Reporting Person
SPRING,Â MDÂ 20910			<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (specify below)		<input checked="" type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)	See Remarks		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	5,000,000	I <sup>(1)</sup>	By subsidiary

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
---------------------	--------------------	----------------------------------	----------------------------------

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Discovery Communications, Inc. ONE DISCOVERY PLACE SILVER SPRING, MD 20910	^	^ X	^	See Remarks
Discovery Lightning Investments LTD 566 CHISWICK HIGH ROAD, DISCOVERY HOUSE CHISWICK PARK BUILDING 2 LONDON, X0 W4 5YB	^	^ X	^	See Remarks

## Signatures

Discovery Communications, Inc.; By: /s/ David M. Zaslav, President and Chief Executive Officer	11/16/2015
__Signature of Reporting Person	Date
Discovery Lightning Investments Limited; By: /s/ Roanne Weekes, Director	11/16/2015
__Signature of Reporting Person	Date

## Explanation of Responses:

- \* 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).
- (1) The shares are held directly by Discovery Lightning Investments Limited, an indirect wholly-owned subsidiary of Discovery Communications, Inc.

^

### Remarks:

As a result of certain agreements among the Reporting Persons, the Issuer and certain other shareholders

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.