# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |
|--------------------------|-----------|--|--|--|--|
| DMB Number:              | 3235-0287 |  |  |  |  |
| Estimated average burden |           |  |  |  |  |
| ours per respon          | se 0.5    |  |  |  |  |

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

#### STATEMENT OF CHANGES IN 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

|  | pe Response   | 3)   |  |   |   |                      |                                      |  |  |                  |                  |  |  |                       |
|--|---|--|--|---|---|----------------------|--------------------------------------|--|--|------------------|------------------|--|--|-----------------------|
| Name and Address of Reporting Person * ENLOE ROBERT TED III                          |   |  | 2. Issuer Name and Ticker or Trading Symbol<br>Live Nation Entertainment, Inc. [LYV] |   |   |                      |                                      |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner |                  |                  |  |  |                       |
| (Last) (First) (Middle) C/O LIVE NATION ENTERTAINMENT, INC., 9348 CIVIC CENTER DRIVE |   |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2016                   |   |                      |                                      |  | (give title belo   | w)               | Other (specify b | elow)  |  |                       |
| (Street) BEVERLY HILLS, CA 90210   |   |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                                 |   |   |                      |                                      | 6. Individual or Joint/Group Filing(Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |  |                  |                  |  |  |                       |
| (City  | )   | (State)                                    | (Zip)  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow |   |                      |                                      | Owned  |  |                  |                  |  |  |                       |
| (Instr. 3) Date  |   | 2. Transaction<br>Date<br>(Month/Day/Year) | •  | Code<br>(Instr. 8)  | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                      | of (D)                               | Beneficially Owned Following<br>Reported Transaction(s)  |  |                  | Ownership        | 7. Nature of Indirect Beneficial   |  |                       |
|  |   |  |  | (Month/Day/Year)  | Code  | v                    | Amount                               | (A)<br>or<br>t (D)   | Price  | or Indi<br>(I)   |                  |  | Ownership<br>(Instr. 4)                                      |                       |
| Common   | Stock   |  | 06/13/2016   |   | S   |                      | 5,363                                | D \$   | 3.54   | 19,061           | 19,061           |  | D  |                       |
| Common   | Stock   |  | 06/14/2016   |   | A   |                      | 6,337                                |  | 3 0 (1)<br>2)  | 25,398           |                  |  | D  |                       |
| Reminder: indirectly.  | Report on a   | separate line                              | for each class of sec  | urities beneficially  | owned dire  | ctly o               | or                                   |  |  |                  |                  |  |  |                       |
|  |   |  |  |   |   | cont                 | tained i                             | n this fo  | rm ar  | e not req        | uired to re      | formation<br>spond un<br>itrol numb  | less   | EC 1474 (9-<br>02)    |
|  |   |  |  |   |   |                      |                                      |  |  |                  |                  |  |  |                       |
|  |   |  |  | Derivative Securit<br>e.g., puts, calls, wa                                   |   |                      |                                      |  |  |                  |                  |  |  |                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | on 3A. Deemed Execution Day  | e.g., puts, calls, wa   | 5. Number   | r 6. D<br>and<br>(Mo | , convert<br>Date Exer<br>Expiration | tible secu<br>cisable<br>on Date   | 7. T<br>Ame<br>Und<br>Seco   | itle and ount of | 8. Price of      | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transactior<br>(Instr. 4) | of 10. Ownersl Form of Derivati Security Direct (1 or Indire | Ownersh<br>(Instr. 4) |

#### **Reporting Owners**

|   |          | Relationships |         |       |  |  |  |
|---|----------|---------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director | 10% Owner     | Officer | Other |  |  |  |
| ENLOE ROBERT TED III<br>C/O LIVE NATION ENTERTAINMENT, INC.<br>9348 CIVIC CENTER DRIVE<br>BEVERLY HILLS, CA 90210 | X        |               |         |       |  |  |  |

### **Signatures**

| Kathy Willard, Attorney-in-Fact for Robert Ted Enloe, III | 06/15/2016 |
|---|------------|
| **Signature of Reporting Person                           | 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).
- (1) Reporting person received the award under the Live Nation Entertainment, Inc. 2005 Stock Incentive Plan, as amended and restated as of March 19, 2015.

(2) Represents a restricted stock award. These shares will vest in full on June 14, 2017.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$ 

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.