## FORM 3

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL    |       |  |
|-----------------|-------|--|
| OMB             | 3235- |  |
| Number:         | 0104  |  |
| Estimated avera | ge    |  |
| burden hours pe | r     |  |
| 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

| (Print or Type Responses)   |   |  |                                      |   |  |   |  |
|---|---|--|--------------------------------------|---|--|---|--|
| 1. Name and Address of Reporting  Person *-   | 2. Date of Event Statement  | 2. Date of Event Requiring Statement 3. Issuer Name <b>and</b> Ticker or Tra |                                      |   |  |   |  |
| Carter Maverick   | (Month/Day/Yea  | r)   |                                      |   | ,  |   | 1  |
| (Last) (First) (Middle) C/O LIVE NATION ENTERTAINMENT, INC., 9348 CIVIC CENTER DRIVE                          | - 12/18/2018  4. Relationship Person(s) to Issu (Check al _X_Director Officer (give |  | suer<br>all applicable)<br>10% Owner |   | 5. If Amendment, Date Original Filed(Month/Day/Year) |   |  |
| (Street) BEVERLY HILLS, CA 90210  |   |  | title below)                         | below)  |  | Filing(Ch<br>_X_ Form t                       | dual or Joint/Group neck Applicable Line) filed by One Reporting Person filed by More than One Reporting |
| (City) (State) (Zip)  | Ta  | ble I -  | Non-Derivati                         | ve Securi   | ties Be  | eneficially                                   | Owned  |
| 1.Title of Security (Instr. 4)  |   |  | Own                                  | . Nature of Indirect Beneficial<br>Ownership<br>Instr. 5) |  |   |  |
| Common Stock  | 2,0   | 000  |                                      | D   |  |   |  |
| Reminder: Report on a separate line for Persons who resont required to roumber.  Table H. Derivative Security | spond to the coll<br>espond unless t  | lection<br>he for  | of information<br>m displays a cu    | containe<br>urrently va                                   | d in thi   | is form ard<br>IB control                     |  |
| 1. Title of Derivative Security 2. I  | oate Exercisable  |  |                                      |   | ptions,  |   | 6. Nature of Indirect  |
| (Instr. 4) and  | Expiration Date Securities Underlying Derivative Security (Instr. 4)                |  | Conversor Exercises of Exercises of  | Conversion Ov<br>or Exercise For<br>Price of De           | wnership orm of erivative Beneficial C (Instr. 5)    | Beneficial Ownership                          |  |
| Dat<br>Exe  | e Expiration<br>rcisable Date   | Title  | Amount or Numb<br>of Shares          | Derivat<br>Security                                       | 7 E<br>0<br>(1                                       | Security: Direct (D) or Indirect I) Instr. 5) |  |
| Reporting Owners  |   |  | Relationships                        |   |  |   |  |

| Reporting Owner Name / Address   |                           | Relationships |         |       |  |  |
|--|---------------------------|---------------|---------|-------|--|--|
| Reporting Owner Name / Address   | Director 10% Owner Office |               | Officer | Other |  |  |
| Carter Maverick<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 Maverick Carter | 12/20/2018 |
|---|------------|
| **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).

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.