FORM 4

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

OMB APPRO	VAL				
OMB Number:	3235-0287				
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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

1. Name and Address of Reporting Person * AMBLE JOAN LORDI				2. Issuer Name and Ticker or Trading Symbol SIRIUS XM HOLDINGS INC. [(SIRI)]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 1221 AVENUE OF THE AMERICAS				3. Date of Earliest Transaction (Month/Day/Year) 07/30/2015)	_	Officer (give to	tle below)		er (specify belo	w)
NEW YORK NV 10020				4. If Amendment, Date Original Filed(Month/Day/Year)							ear)		6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
NEW YORK, NY 10020 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							Securitie	s Acquir	ured, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)		(A)	4. Securities Acquires (A) or Disposed of (I (Instr. 3, 4 and 5)			Owned Following Rep Transaction(s)			6. Ownership Form:	Beneficial			
				(IVIOI	itn/D	ay/ Y ear)	Cod	le	V A	mount	(A) or (D)	Price	(Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)			or Indirect	Ownership (Instr. 4)
Commor	n Stock		07/30/2015				M		10	0,000	A	\$ 0.09	106,410			D	
Commor	n Stock		07/30/2015				F		2,2	250	D	\$ 4 (1)	104,160			D	
Common	n Stock		07/30/2015				S		97	,750	D	\$4	6,410			D	
			Table II					in a uired	this fo curren , Dispos	orm are tly vali	e not re id OMB or Benef	quired t control icially O	collection of i o respond un number. wned				1474 (9-02)
	2	sion Date Execution Date, if any (Month/Day/Year) ive		4. 5. Nut Transaction Deriv: Code Secur (Instr. 8) Acqui or Dis (D) (Instr.		5. Numl	mber of attive Expira (Mont red (A) posed of 3, 4,		otions, convertible securit Date Exercisable and piration Date onth/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	0.37 1		Benefic Owners (Instr. 4	
1. Title of Derivative Security (Instr. 3)				Code			es ed (A) osed of	Expir	ation Da	ite	nd	of Unde Securitie	rlying es	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form o Derivat Security Direct (or Indir	ship of Indir f Benefic ive Owners y: (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative		any	Code	3)	Securiti Acquire or Dispo (D) (Instr. 3 and 5)	es ed (A) osed of , 4,	Expir (Mon	ation Da	ite		of Unde Securitie	rlying es	Derivative Security	Derivative Securities Beneficially Owned Following Reported	Owners Form o Derivat Security Direct (or Indir	ship of India Benefic Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
AMBLE JOAN LORDI 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020	X					

Signatures

/s/Patrick L. Donnelly, attorney in fact	07/31/2015
**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) Represents the exercise price of the stock option referenced in Table II which was paid by way of the withholding by the Company of shares with a value equal to the exercise price.

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.