FORM 4

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

OMB APPE	KOVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person *- AMBLE JOAN LORDI				2. Issuer Name and Ticker or Trading Symbol SIRIUS XM HOLDINGS INC. [(SIRI)]							l		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) 03/01/2016)		Officer (give title below) Other (specify below)				
(Street) NEW YORK, NY 10020			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person							
(Cit		(State)	(Zip)				Table	e I - No	on-Deri	ivative S	Securitie	s Acquired	l, Disposed o	f, or Benefi	cially Owned	<u> </u>	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Ov Tr	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
			(Month/Day/Tear)		Co	de	V A	mount	(A) or (D)	Price	(listi. 3 and 4)			or Indirect (I) (Instr. 4)			
Common	Stock		03/01/2016				N	1	10	00,000	A	\$ 0.09	06,410			D	
Common	Stock		03/01/2016				F	,	2,	394	D	\$ 3.76 10	04,016			D	
Common Stock 03/01/2016		03/01/2016			S		91	7,606	11)	\$ 3.76 6,	6,410			D			
Reminder:	Report on a s	separate line for each	n class of securities be	- Deriv	vativ	e Secu	rities Ac	P ir a quired	Persons n this f curre	form are ntly val	e not re id OMB or Benef	quired to control r					1474 (9-02)
1. Title of	2	3. Transaction	3A. Deemed	(e.g., 4.	puts		warrant nber of			nvertibl cisable a		1 '	nd Amount	8 Price of	9. Number o	f 10.	11. Natu
Derivative Security (Instr. 3)	Conversion	rersion Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year)		Transaction Derivati Code Securities (Instr. 8) Acquired			ntive ties red (A) posed of 3, 4,	es (Month osed of		h/Day/Year)		of Underly Securities (Instr. 3 a	ying		e Derivative Securities Beneficially Owned Following Reported Transaction(Ownersl Form of Derivati Security Direct (I or Indirect)	hip of Indirect Beneficia Ownershi (Instr. 4)
				Code	V	(A)	(D)	Date Exerc	cisable	Expir Date	ration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 0.09	03/01/2016		М		1	00,000	12/1	8/200	9 12/1	8/2018	Commo Stock	n 100,000	\$ 0.09	500,000	D	

Reporting Owners

		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	03/02/2016	
**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) 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.