FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 of Ty | pe Kesponse | 5) | | | | | | | | | | | | | | | | |
|--|-------------|--------------------|---|--|---|--|--|---------------|------------------|---|---|---|--|--|------------------------|--|---|------------------------|
| 1. Name and Address of Reporting Person * Salen Kristina | | | | 2. Issuer Name and Ticker or Trading Symbol SIRIUS XM HOLDINGS INC. [(SIRI)] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | | |
| (Last) (First) (Middle) 1290 AVENUE OF THE AMERICAS | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2018 | | | | | | | Officer (give title below) Other (specify below) | | | | | | | |
| (Street) | | | | 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 | | | | | | | |
| NEW YORK, NY 10104 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | | |
| (Instr. 3) Date | | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Da any (Month/Day/ | | ned n Date, if | 3. Transaction Code (Instr. 8) | | ion 4 | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | neficially (| 6. Ownership Form: | Beneficial |
| | | | ay/Year) | | | Co | ode | V | Amount | (A) or (D) | Price | (Instr. 3 and 4 | | | | | Ownership (Instr. 4) | |
| Common Stock | | | 07/25/2018 | | | | A | 4 | | 3,123 1) | A | \$ 0 | 8,123 | |] |) | | |
| | | | Table II | | | | | a quired | curre , Dispo | ntly val | id OMB or Benef | contr | ol nu | mber. | iniess the | form displa | ys | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | e (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. Num Transaction of Der Code Securi (Instr. 8) Acquii or Disj of (D) | | 5. Numb of Deriv Securitic Acquire or Dispo of (D) (Instr. 3 | hber 6. Date Expiration (Month/D cosed (A) | | te Exer | Date or Sylvary S | | 7. Titl of Un Secur | es) 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Owners: Form of Derivati Security Direct (or Indire | Ownershi (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exerc | isable | Expir Date | ration | Title | | Amount or Number of Shares | | (Instr. 4) | (Instr. 4 | |
| Stock Option (Right to Buy) | \$ 7.14 | 07/25/2018 | | A | | 20,900 |) | 07/2 | 5/201 | 9 07/2 | 5/2028 | Com | mon ock | 20,900 | \$ 7.14 | 20,900 | D | |

Reporting Owners

| | | Relationships | | | | | | |
|---|---|---------------|--------------|---------|-------|--|--|--|
| | Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
|] | Salen Kristina 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104 | X | | | | | | |

Signatures

| /s/Patrick L. Donnelly, attorney in fact | 07/26/2018 |
|--|------------|
| 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) Approximately one-third of restricted stock units will vest on each of 7/25/19, 7/25/20 and 7/25/21.

(2) Approximately one-third of options will vest on each of 7/25/19, 7/25/20 and 7/25/21.

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

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.