FORM 4

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

OMB APPROVAL
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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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | |
|--|---|---------|--------------------------------------|--|-------------|------|---|-------|--|-----------|---|---|--|--|--------------------------------------|---|--|---|---------------------------------------|
| 1. Name and Address of Reporting Person * VOGEL CARL E | | | | 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 Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) 1290 AVENUE OF THE AMERICAS | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2019 | | | | | | | | Office | r (give title belo | ow) | Other (sp | ecify belov | v) | | |
| (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 YO | ORK, NY | 10104 | | | | | | | | | | | | | | one responding | 1 615011 | | |
| (City | ·) | (State) | (Zip) | | | Tal | ble I - | - Non | -Deri | ivative S | Securit | ies A | cqui | red, Dispo | osed of, or I | Beneficially | Owned | ı | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | Exect any | | | f Code (Instr. 8) | | 4. Securities Acqui(A) or Disposed of (Instr. 3, 4 and 5) | | ed of | f (D) Beneficia Reported | | nt of Securities ally Owned Following Transaction(s) | | Form: | rship of Be | 7. Nature of Indirect Beneficial | |
| | | | | (Mon | nth/Day/Y | ear) | | ode | V | Amou | (A or nt (D | ŕ | Price | (Instr. 3 a | nd 4) | | Direct or Ind (I) (Instr. | irect (In | wnership nstr. 4) |
| Common | n Stock | | 06/06/2019 | | | | 1 | A | | 33,20 | 7 A | \$ | 6 0 | 81,783 | | | D | | |
| | | | Table II - l | | | | | quire | the fo | orm dis | splays of, or E | a cu Benef | urrer ficiall | ntly valid | | spond unle trol numbe | | | |
| 1 77:41 . C | 12 | 2 75 4 | T (| <u> </u> | uts, calls, | | | s, op | | | | | | .1 1 | 0 D : C | 0.31 1 | C 10 | | 11 37 / |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | | Year) Execution Da | te, if Transactior Code Year) (Instr. 8) | | on N | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 2 | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ov Fo De Se Di or u(s) (I) | vnership rm of rivative curity: rect (D) Indirect str. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | | 4 | 1, and | (3) | | | | | | | | | | | |

Reporting Owners

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

Signatures

| /s/Patrick L. Donnelly, attorney in fact | 06/06/2019 |
|--|------------|
| **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) Restricted stock units will vest on June 6, 2020.

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.