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

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)] | | | | | | | 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) 06/05/2020 | | | | | | | Office | er (give title belo | ow) | 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 YO | ORK, NY | 10104 | | | | | | | | | | | ed by More than | one reporting | r crson | |
| (City |) | (State) | (Zip) | Т | able | I - Noi | 1-Der | ivative | Sec | urities | Acq | uired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | if Co | f Code (Instr. 8) | | 4. Securities Act (A) or Disposed (Instr. 3, 4 and 5 | | sposed | of (D) Benefic Reporte | | ed Transaction(s) | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | (Month/Day/Yea | | G 1 | *** | | | (A) or | ъ. | | (Instr. 3 and 4) | | Direct (D) or Indirect (I) | Ownership (Instr. 4) | |
| Common | Stock | | 06/05/2020 | | | Code A | V | 27,13 | 36 | (D) | Price \$ 0 | 486,102 | <u> </u> | | (Instr. 4) | |
| | | | | Derivative Securi | | cquire | the f | form di | spl | ays a or Ben | curr eficia | ently valid | OMB conf | spond unle trol numbe | | |
| 1 77:1 6 | I. | 0 T .: | , | e.g., puts, calls, v | 1 | nts, op | | | | | | · | 0 D : C | 0.37 1 | 6 10 | 11.37. |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | Execution Date (Year) | / (/ | | vative urities uired or posed D) er. 3, | and (Mo | Expirati | te Exercisable Expiration Date tth/Day/Year) | | An Un Sec | Title and nount of derlying curities str. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form o Derivat Securit Direct (or India | Beneficia Ownershi (Instr. 4) |
| | | | | Code V | (A) | (D) | Date Exer | e rcisable | | piratio | n Tit | Amount or Number of Shares | | | | |

Reporting Owners

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

Signatures

| /s/Patrick L. Donnelly, attorney in fact | 06/05/2020 | | |
|--|------------|--|--|
| **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 5, 2021.

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.