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

OMB APPR	OVAL
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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

Name and Address of Reporting Person * Altman Dara F			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) Director X Officer (give title below) Other (specify below) EVP & Chief Admin. Officer 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Last) (First) (Middle) 1221 AVENUE OF THE AMERICAS				Date of Earliest Transaction (Month/Day/Year) 06/19/2015 If Amendment, Date Original Filed(Month/Day/Year)											
(Street) NEW YORK, NY 10020															
(Ci	ty)	(State)	(Zip)			Table	I - Non-Do	rivative S	ecuritie	es Acquire	ed, Disposed of,	or Benefici	ally Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Exe ar) any	ecution Date, if Coo		C	4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Second Followin Transaction(s)				orm:	7. Nature of Indirect Beneficial	
			(Month/Day/Year)		Cod	e V	Amount (A) or		Price	nstr. 3 and 4)	c. 3 and 4)		rirect (D) r Indirect) nstr. 4)	Ownership (Instr. 4)	
Common	Stock		06/19/2015			A	3	355,297	A	\$ 3.87 3:	55,297		Ι)	
Commor	Stock									54	4,021		I		By 401(k)
n	.		1 0 1	<i>a</i>											Plan
Reminder:	Report on a s	separate line for each	class of securities be	II - Der	rivative Securit	ies Acq	Person this fo curren uired, Disp	rm are no tly valid (osed of, or	t requ DMB c	ired to re ontrol nu icially Ow				SEC	Plan 1474 (9-02)
1. Title of	·	3. Transaction	Table 3A. Deemed 4 Execution Date, if 1	II - Der (e.g.	rivative Securit ., puts, calls, w 5. Number Derivative Securities	ies Acq arrants of A) or f (D)	Person this fo curren uired, Disp	rm are no tly valid (osed of, or onvertible recisable and Date	ot requ DMB co Benefi securit	ired to re ontrol nu icially Ow ies) 7. Title ar	espond unless imber. and Amount of ng Securities		9. Number of Derivative Securities Beneficially Owned Following Reported	10. Owners Form of Derivati Security Direct (or Indire	11. Nat hip of Indir Benefic Owners (Instr. 4
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table 3A. Deemed Execution Date, if 1 any (Month/Day/Year)	II - Der (e.g.	rivative Securite 5. Number Derivative Securities Acquired (Disposed of (Instr. 3, 4	ies Acq arrants of A) or if (D) and	Person this fo curren uired, Disp , options, c 6. Date Exe Expiration	rm are no tly valid (osed of, or onvertible rcisable and Date //Year)	trequ DMB c Benefi securit	ired to re ontrol nu icially Ow ies) 7. Title an Underlyin	espond unless imber. and Amount of ng Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Owners Form of Derivati Security Direct (or Indire	111. Nathip of Indir Benefic Owners (Instr. 4

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Altman Dara F					
1221 AVENUE OF THE AMERICAS			EVP & Chief Admin. Officer		
NEW YORK, NY 10020					

Signatures

/s/ Dara Altman	06/23/2015
**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.
- (1) Options vest as follows: 1,700,321 6/19/16; 1700,321 6/19/17 and 1700,320 6/19/18.

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.	