FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATE	MENT	OF (	CHAN	IG

## ES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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).

**SEMLER ERIC** 

(First)

(Middle)

(Last)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						ection 3	. ,												
1. Name and Address of Reporting Person*  SEMLER ERIC  (Last) (First) (Middle)  C/O TCS CAPITAL MANAGEMENT, LLC  142 WEST 57TH STREET, 11TH FLOOR				2. Issuer Name and Ticker or Trading Symbol  URBAN ONE, INC. [ UONE ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner															
			01/0	3. Date of Earliest Transaction (Month/Day/Year) 01/06/2021  4. If Amendment, Date of Original Filed (Month/Day/Year)								Officer (give title Other (specify below) below)							
(Street) NEW YO	ORK NY	<i>I</i>	100	019	4. If Amendment, Date of Original Filed (Month/Day/Y					y/ reary		6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
(City)	(St	ate)	(Zip	)															
		٦	Table I	- Non-Deriva	tive	Secur	ities	Acc	quired	d, Dis	sposed of	, or Be	enefic	ially	/ Own	ed			
1. Title of Security (Instr. 3)		2. Transacti Date (Month/Day		Execution Date,	·	3. Transaction Code (Instr. 8)				d (A) or r. 3, 4 an	5. Amount Securities Beneficial Owned Fo Reported		ies ially Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	t Ind ct Bei Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)		(1113	su. 4)
Class A ( value <sup>(1)(2)</sup>	Common St	ock, \$0.00	1 par	01/06/20	)21				P		29,871	A	\$5.15	577	508	3,639	I	Ca Ac	y TCS apital dvisors, LC <sup>(3)</sup>
Class A ( value <sup>(1)(2)</sup>	Common St	ock, \$0.00	1 par	01/07/20	)21				P		66,841	A	\$6.55	62	575	5,480	I	Ca Ac	y TCS apital dvisors, LC <sup>(3)</sup>
Class A (value <sup>(1)(2)</sup>	Common St	ock, \$0.00	1 par	01/19/20	)21				P		100,000	A	\$6.57	743	675	5,480	I	Ca Ac	y TCS apital dvisors LC <sup>(3)</sup>
Class A C value <sup>(1)(2)</sup>	Common St	ock, \$0.00	1 par	01/07/20	)21				P		200,000	A	\$6.8	09	200	0,000	D		
Class D ( value <sup>(1)(2)</sup>	Common St	ock, \$0.00	1 par	01/06/20	)21				P		79,546	A	\$1.37	782	2,08	31,932	I	Ca Ac	y TCS apital dvisors LC <sup>(3)</sup>
Class D ( value <sup>(1)(2)</sup>	Common St	ock, \$0.00	1 par	01/07/20	)21				P		39,265	A	\$1.41	199	2,12	21,197	I	Ca Ad	y TCS apital dvisors LC <sup>(3)</sup>
Class D ( value <sup>(1)(2)</sup>	Common St	ock, \$0.00	1 par	01/19/20	)21				P		100,000	A	\$1.71	174	2,22	21,197	I	Ca Ac	y TCS apital dvisors, LC <sup>(3)</sup>
			Table	e II - Derivati (e.g., pu							oosed of, convertib				Owne	d			
Derivative Conversion Date Security or Exercise (Month/Day/Year) if a		A. Deemed xecution Date, any Month/Day/Year)	Deemed 4. ution Date, Trans Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day		cisable and Date	7. Title Amoun Securit Underly Derivat	and it of ties ying tive ty (Instr.	8. Prio Deriva Secur (Instr.		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh S Form: Oirect (D Or Indirect (I) (Instr.	ship (D) rect	11. Natur of Indired Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Date	isable	Expiration Date		Amount or Number of Shares						

C/O TCS CAPITAL MANAGEMENT, LLC 142 WEST 57TH STREET, 11TH FLOOR									
(Street) NEW YORK	NY	10019							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  TCS CAPITAL MANAGEMENT LLC									
(Last)	(First)	(Middle)							
142 WEST 57TH STREET									
11TH FLOOR									
(Street)									
NEW YORK	NY	10019							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  TCS Capital Advisors, LLC									
(Last)	(First)	(Middle)							
142 WEST 57TH STREET, 11TH FLOOR									
(Street)									
NEW YORK	NY	10019							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

- 1. This Form 4 is filed jointly by TCS Capital Management, LLC ("TCS Management"), TCS Capital Advisors, LLC ("TCS Advisors") and Eric Semler (collectively, the "Reporting Persons").
- 2. Each Reporting Person may be deemed to be a member of a "group" that owns more than 10% of the Issuer's outstanding shares of Class A Common Stock. Each Reporting Person disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- 3. Securities held directly by TCS Advisors. TCS Management, as the investment advisor of TCS Advisors, may be deemed to beneficially own the securities held directly by TCS Advisors. Mr. Semler, as the managing member of TCS Management, may be deemed to beneficially own the securities held directly by TCS Advisors.

<u>/s/ Eric Semler</u> <u>01/26/2021</u>

TCS Capital Management,

LLC, By: /s/ Eric Semler, 01/26/2021

Managing Member

TCS Capital Advisors, LLC,

By: /s/ Eric Semler, Managing 01/26/2021

<u>Member</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

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

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$