

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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

1. Name and Address of Reporting Person* <u>BlueMountain Capital Management, LLC</u> (Last) (First) (Middle) 280 PARK AVENUE 5TH FLOOR EAST (Street) NEW YORK NY 10017 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>RADIO ONE, INC. [ROIAK]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 11/12/2012	
	4. If Amendment, Date of Original Filed (Month/Day/Year) 06/26/2013	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
BlueMountain Capital Management, LLC
 (Last) (First) (Middle)
 280 PARK AVENUE
 5TH FLOOR EAST
 (Street)
 NEW YORK NY 10017
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Blue Mountain CA Master Fund GP, Ltd.
 (Last) (First) (Middle)
 280 PARK AVENUE
 5TH FLOOR EAST
 (Street)
 NEW YORK AZ 10017
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Blue Mountain Credit Alternatives Master Fund L.P.
 (Last) (First) (Middle)
 280 PARK AVENUE

5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[BlueMountain Long/Short Credit Master Fund L.P.](#)

(Last)

(First)

(Middle)

280 PARK AVENUE
5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[BlueMountain Long/Short Credit GP, LLC](#)

(Last)

(First)

(Middle)

280 PARK AVENUE
5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[BlueMountain Timberline Ltd.](#)

(Last)

(First)

(Middle)

280 PARK AVENUE
5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[BlueMountain Equity Alternatives Master Fund L.P.](#)

(Last)

(First)

(Middle)

280 PARK AVENUE
5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[BlueMountain Equity GP, LLC](#)

(Last)

(First)

(Middle)

280 PARK AVENUE
5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

BlueMountain Kicking Horse Fund L.P.

(Last) (First) (Middle)

280 PARK AVENUE
5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

BlueMountain Kicking Horse Fund GP, LLC

(Last) (First) (Middle)

280 PARK AVENUE
5TH FLOOR EAST

(Street)

NEW YORK NY 10017

(City)

(State)

(Zip)

Explanation of Responses:

Remarks:

This Form 4 amends the Form 4 filed on June 26, 2013 by BlueMountain Capital Management, LLC and the other signatories thereto (the "June 26 Filing") by ticking the box indicating that effective with the transactions reported on the June 26 Filing, such signatories are no longer subject to Section 16.

BlueMountain Capital Management, LLC By: /s/ Paul Friedman, Chief Compliance Officer 03/19/2014

Blue Mountain Credit Alternatives Master Fund L.P. By: Blue Mountain CA Master Fund GP, Ltd. By: /s/ Andrew Feldstein, Director 03/19/2014

Blue Mountain CA Master Fund GP, Ltd. By: /s/ Andrew Feldstein, Director 03/19/2014

BlueMountain Long/Short Credit Master Fund L.P. By: BlueMountain Long/Short Credit GP, LLC By: BlueMountain GP Holdings, LLC By: /s/ Paul Friedman, Chief Compliance Officer 03/19/2014

BlueMountain Long/Short Credit GP, LLC By: BlueMountain GP Holdings, LLC By: /s/ Paul Friedman, Chief Compliance Officer 03/19/2014

BlueMountain Timberline Ltd. By: /s/ Andrew Feldstein, Director 03/19/2014

BlueMountain Equity Alternatives Master Fund L.P. By: BlueMountain Equity GP, LLC By: BlueMountain GP Holdings, LLC By: /s/ Paul Friedman, Chief Compliance Officer 03/19/2014

BlueMountain Equity GP, LLC By: BlueMountain GP Holdings, LLC By: /s/ Paul Friedman, Chief Compliance Officer 03/19/2014

BlueMountain Kicking Horse Fund L.P. By: BlueMountain Kicking Horse Fund GP, LLC By: /s/ Paul Friedman, Chief Compliance Officer 03/19/2014

BlueMountain Kicking Horse 03/19/2014

Fund GP, LLC By:
BlueMountain GP Holdings,
LLC By: /s/ Paul Friedman,
Chief Compliance Officer

** 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.