FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| - | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burd | en | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |
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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).

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

| 1. Name and Address of Reporting Person* BLAYLOCK RONALD E | | | | | | 2. Issuer Name and Ticker or Trading Symbol RADIO ONE INC [ROIA/ROIAK] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--|---|---------|---|---|--|---|---|---|-------------------|---|--|---|--|--|--|---------------------------------------|--|
| | | | | | . | | | | | | | | - | _ | | | | | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | er (give title v) | | Other (s | specify | |
| 399 PARK AVENUE | | | | | | 08/11/2003 | | | | | | | | | | | | | |
| 15TH FLOOR | | | | | <u> </u> | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | - 1 | , | led by One | Repo | rting Perso | n | |
| NEW YORK NY 100 | | 10022 | 0022 | | | | | | | | | | Form filed by More than One Re Person | | | | oorting | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Nor | n-Deriv | vativ | e Se | curitie | s Ac | quired, D | isp | osed o | f, or Ber | neficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | e, Transaction Disposed Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | 5. Amour Securitie Beneficia Owned F | s For ally (D) ollowing (I) (| Form: (D) or | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | , | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | |
| | | | | | | | | | uired, Dis | • | | | - | Owned | | | , | | |
| 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 | | 6. Date Exercisal Expiration Date (Month/Day/Year | | of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | e derivativ | re es ally g d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration vate | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$15.26 | 08/11/2003 | | | A | | 10,000 | | 08/11/2003 ⁽¹ |) 0 | 8/11/2013 | Class D Common Stock | 10,000 | \$0 | 10,000 |) | D | | |

Explanation of Responses:

1. The options vest in two equal installments on August 11, 2003 and December 31, 2003.

Linda J. Vilardo, Attorney-in-

fact

** Signature of Reporting Person

Date

08/13/2003

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.