

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>BRIGADE CAPITAL MANAGEMENT, LP</u> (Last) (First) (Middle) 399 PARK AVENUE 16TH FLOOR (Street) NEW YORK NY 10022 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/18/2019	3. Issuer Name and Ticker or Trading Symbol <u>URBAN ONE, INC.</u> [UONE]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class D Common Stock, \$.001 par value	3,943,221	I	See Footnote ⁽¹⁾

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person*
BRIGADE CAPITAL MANAGEMENT, LP
 (Last) (First) (Middle)
 399 PARK AVENUE
 16TH FLOOR
 (Street)
 NEW YORK NY 10022
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Brigade Capital Management GP, LLC
 (Last) (First) (Middle)
 399 PARK AVENUE
 16TH FLOOR
 (Street)
 NEW YORK NY 10022
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
MORGAN DONALD E III
 (Last) (First) (Middle)
 C/O BRIGADE CAPITAL MANAGEMENT, LP
 399 PARK AVENUE, 16TH FLOOR
 (Street)

NEW YORK NY 10022

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Brigade Leveraged Capital Structures Fund Ltd.

(Last) (First) (Middle)

INTERTRUST CORP SERVICES (CAYMAN) LTD
190 ELGIN AVENUE, GEORGE TOWN

(Street)

GRAND CAYMAN E9 KY1-9005

(City) (State) (Zip)

Explanation of Responses:

1. The reported securities are directly owned by Brigade Leveraged Capital Structures Fund Ltd. (LCS) and may be deemed beneficially owned by Brigade Capital Management, LP, the investment manager of LCS, Brigade Capital Management GP, LLC, the general partner of Brigade Capital Management, LP, and Donald E. Morgan, III, the managing member of Brigade Capital Management GP, LLC, each a Reporting Person. Brigade Capital Management, LP, Brigade Capital Management GP, LLC and Mr. Morgan each disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed to be an admission that each Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

<u>Brigade Capital Management, LP, /s/ Donald E. Morgan, III, Managing Member of its General Partner</u>	<u>03/22/2019</u>
<u>Brigade Capital Management GP, LLC, /s/ Donald E. Morgan, III, Managing Member</u>	<u>03/22/2019</u>
<u>/s/ Donald E. Morgan, III</u>	<u>03/22/2019</u>
<u>Brigade Leveraged Capital Structures Fund Ltd., /s/ Donald E. Morgan, III, Director</u>	<u>03/22/2019</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 5 (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.