Form **8937**(December 2017) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

See separate instructions

OMB No. 1545-0123

iternal Revenue Service		▶ See se	eparate manuchons.		
Part I Reporting Issuer					
1 Issuer's name				2 Issuer's employer	identification number (EIN)
LIBERTY MEDIA CORPO	RATION	37-1699499			
Name of contact for additiona		4 Telephone No. of contact		5 Email address of contact	
NVESTOR RELATIONS	377 - 772-1518	3	INVESTOR@LIBERTYMEDIA.COM		
6 Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post off	fice, state, and ZIP code of contact
2300 LIBERTY BLVD				ENGLEWOOD,	CO 80112
Date of action		9 Classification	on and description		
7/19/23		DISTRIBUTION	OF ATLANTA BRAVES	HOLDINGS, INC. SERI	ES C COMMON STOCK
	1 Serial number		Ticker symbol	13 Account number(s	
31229 854					
47726 302		FW	ONK; BATRK		
	tion Attach add	ditional statement	ts if needed. See back	of form for additional qu	uestions.
Describe the organizational	action and, if app	icable, the date of	the action or the date aga	ainst which shareholders'	ownership is measured for
the action ▶ ON JULY	19, 2023,	LIBERTY MED	IA CORPORATION	("LMC") DISTRIE	BUTED .028960604
A SHARE OF ATLANT	A BRAVES H	OLDINGS, IN	C. ("ABH") SERI	ES C COMMON ST	OCK ("BATRK") TO E
LDER OF LMC'S SERI	ES C LIBER	TY FORMULA	ONE COMMON STOC	CK ("FWONK", AN	D SUCH
STRIBUTION THE "FO	RMULA ONE	DISTRIBUTIO	N").		
Describe the quantitative ef- share or as a percentage of G RIOR TO THE FORMULA	old basis THE	TAX BASIS	OF EACH SHARE	OF FWONK HELD I	MMEDIATELY
ID 1.6262% TO THE .					
STRIBUTION.					
D 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-:	at auguste the coloulation	on auch on the market w	alues of accurities and the
Describe the calculation of valuation dates ► <u>AVERA</u>		DATE	SHARES	on, such as the market va TOTAL VALUE	PERCENT
	11.880	7/20/23	100.0000000	\$7188.0000	98.3738%
	11.030	7/20/23	2.8960604	\$ 118.8254	1.6262%
111111	11.000	1, 20, 23	2.000004	7 -10.0001	
AVERAGE OF HIGH ANI	LOW BASEL) *			
N FIRST DAY OF TRAI	500 mag (1)				

Part II	Organizational Actio	n (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax THE FORMULA ONE DISTRIBUTION, TAKEN TOGETHER WITH THE S	treatment is based ▶ PLIT-OFF OF A	BH, IS INTENDED TO
BE A TAX-FREE DISTRIBUTION UNDER SECTIONS 368(A)(1)(D)	AND 355, AND	ACCORDINGLY FWONK
HOLDERS WILL NOT RECOGNIZE INCOME, GAIN OR LOSS WITH RE		
DISTRIBUTION, EXCEPT WITH RESPECT TO CASH RECEIVED IN I		
UNDER IRC SECTION 358, THE AGGREGATE BASIS OF A HOLDER'		
SHARES THAT WERE RECEIVED BY SUCH HOLDER IN THE FORMULA		
ANY FRACTIONAL SHARE OF BATRK DEEMED TO BE RECEIVED AND		
FORMULA ONE DISTRIBUTION SHOULD BE THE SAME AS THE HOLD		
FWONK SHARES IMMEDIATELY PRIOR TO THE FORMULA ONE DISTR		
FWONN SHARES IMMEDIATELE FRIOR TO THE FORMODA ONE DISTR	IDOITON.	
18 Can any resulting loss be recognized? IF A HOLDER RECEIVED CASH IN LIEU OF A FRACTIONAL SHARE DISTRIBUTION, A HOLDER COULD RECOGNIZE A LOSS, SUBJECT EXTEND THE TAX BASIS ALLOCATED TO SUCH FRACTIONAL SHARE	TO CERTAIN LI	MITATIONS, TO THE
BY THE HOLDER AS A RESULT OF THE DISPOSITION OF SUCH FR		
	ACTIONIB BIRIN	i. Oznakwios,
NO LOSS MAY BE RECOGNIZED		
Provide any other information necessary to implement the adjustment, such as the reporta	Die tax year	ODE AN
THE FORMULA ONE DISTRIBUTION WAS EFFECTIVE ON JULY 19,		
ADJUSTMENT TO BASIS WOULD BE TAKEN INTO ACCOUNT IN THE	SHAREHOLDER'S	TAX YEAR
THAT INCLUDES JULY 19, 2023 (E.G., THE 2023 TAX YEAR FO	R CALENDAR YE	AR TAXPAYERS).
Under penalties of perjury, I declare that I have examined this return, including accompanying	schedules and statements	, and to the best of my knowledge and
belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all in	nformation of which prepa	rer has any knowledge
Sign		
Here / //	7/01/0	12
Signature > 1/2	Date ▶ <u>7/21/2</u>	:3
Print your name ▶TY KEARNS		VICE PRESIDENT
Print/Type preparer's name Preparer's signature	Date	Check if PTIN
Paid		self-employed
Preparer Firm's pame		Firm's EIN ▶
Use Only Firm's name Firm's address		Phone no.
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal	Revenue Service Onde	
Genu i onn 6507 (including accompanying statements) to Department of the Heastly, internal		and the second second