FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Beneficially

Owned Following Reported Transactio

(Instr. 4)

Security: Direct (D) or Indirect (I)

(Instr. 4)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 (Print or Type Responses) 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 1. Name and Address of Reporting Person * HINZ ROLAND S 2. Issuer Name and Ticker or Trading Symbol SALEM COMMUNICATIONS CORP /DE/ [SALM] Other (specify below Officer (give title below) 3. Date of Earliest Transaction (Month/Day/Year) 25233 ANZA DR 11/17/2004 4. If Amendment, Date Original Filed(Month/Day/Year) 5. Individual or Joint/Group Filing(Check Applicable Line) 11/18/2004 VALENCIA, CA 91355 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of Security 2. Transaction Date 2A. Deemed 3. Transaction Code . Securities Acquired (A) or . Amount of Securities Beneficially Owned Following Reported 7. Nature of Disposed of (D) Instr. 3, 4 and 5) (Instr. 3) (Month/Day/Year) Execution Date, if (Instr. 8) ransaction(s) Ownership Indirect Beneficial Ownership (Instr. 4) (Month/Day/Year) Direct (D) or Indirect (A) or (D Price \$ 0 (1) 11/15/2004 V 83.333 D 12 339 Class A Common Stock G D By Hinz Family Class A Common Stock 83.333 Charitable Foundation By Hinz 11/17/2004 29.500 D \$ 27.1512 53.833 Family Class A Common Stock S Charitable Foundation Class A Common Stock 1,411 By Wife Class A Common Stock 444 By Son Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly 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 control number. SEC 1474 (9-02) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Transaction Code 5. Number of Derivative 6. Date Exercisable and Experience Details (e.g., puts) 2. Conversion or Exercise Price of 1. Title of Derivative Security 3. Transaction Date A. Deemed 4. Transaction Code 7. Title and Amount of Underlying 8. Price of 10. 11. Nature Ownership of Indirect 9. Number of xecution Date, if (Month/Day/Year) ecurities Acquired (A) or Derivative Derivative (Month/Day/Year) (Instr. 3 and 4) Disposed of (D) (Instr. 3, 4, and 5) Security Instr. 5) Securities Form of Beneficial

(A)

Date

(D)

Exercisable

Expiration

Title

Amount or Number of Shares

Reporting Owners

D 4 0 V 4	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
HINZ ROLAND S 25233 ANZA DR VALENCIA, CA 91355	X			

Signatures

Jonathan L. Block, Attorney-in-fact for Roland S. Hinz pursuant to a continuing power of attorney	11/24/2004
-*Signature of Reporting Person	Date

Explanation of Responses:

- 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).
- (1) A bona fide gift to Hinz Family Charitable Foundation.

THIS FILING AMENDS AND FULLY RESTATES THE ORIGINAL FILING DATED NOVEMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NOTIFICATION THAT INCORRECTLY REFLECTED THE TOTAL NUMBER 18, 2004, WHICH CONTAINED A VOLUNTARY NUMBER 18, 2004, WHICH CO

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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Month/Day/Year)