

(Print or Type Responses)

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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Estimated average burden				
nours per response	e 0.5			

### INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person * HALVORSON ERIC H	2. Date of Event Statement (Mont			3. Issuer Name and Ticker or Trading Symbol SALEM MEDIA GROUP, INC. /DE/ [SALM]			
(Last) (First) (Middle) 4880 SANTA ROSA RD	— 05/19/2015 —		4. Relationship of Issuer	1 6	\ /	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) CAMARILLO, CA 93012			_X_ Director	Officer (give title Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person	
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		y Owned		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock	Common Stock 1,800			D			
Reminder: Report on a separate line for each class of Persons who respond unless the form disp  Table II - Derivative	nd to the collection	on of inform valid OMB	mation contained in t		·		
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivativ Security (Instr. 4)		4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expirat Exercisable Date	Title 1*	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)		
Reporting Owners							

Departing Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HALVORSON ERIC H 4880 SANTA ROSA RD CAMARILLO, CA 93012	X				

# **Signatures**

/s/ERIC H. HALVORSON	05/21/2015
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- 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.

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.