## FORM 4

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

OMB APPRO	JVAL
OMB Number:	3235-0287
Estimated average b	urden
hours per response	. 0.5

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

1. Name and Address of Reporting Person * DAVIS JOE D  (Last) (First) (Middle) 4880 SANTA ROSA ROAD				2. Issuer Name and Ticker or Trading Symbol SALEM COMMUNICATIONS CORP /DE/ [SALM] 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2006						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below) Other (specify below)  Executive VP and COO				
(Street) CAMARILLO, CA 93012				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	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 Acqu					s Acquired,	aired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		eemed tion Date,	if Cod	e (	Securities Acqu A) or Disposed of (nstr. 3, 4 and 5)	f (D) Own Tran			l C	Ownership of Borm:	7. Nature of Indirect Beneficial Ownership
				(Mont	II/Day/16		ode V	(A) or (D)	Price	insu. 3 and 4)		0	r Indirect (I) (I) (instr. 4)	
Reminder:								s who respond						74 (9-02)
Kellillider.			Table II				in this a curre	form are not re ntly valid OMB osed of, or Benef	equired to 1 5 control nu ficially Own	respond ι umber.				74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion of D Secu Acqu or D of (I (Inst	mber rivative rities ired (A sposed ) . 3, 4,	in this a curre equired, Disp ts, options, co 6. Date Exer Expiration I (Month/Day	form are not re ntly valid OMB osed of, or Benef nvertible securi- cisable and late	equired to 1 5 control nu ficially Own	respond tumber.  ed d Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	To. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	5. Notion of D Secution of D Secution of D of (I	mber rivative rities ired (A sposed ) . 3, 4,	in this a curre squired, Disp ts, options, co 6. Date Exer Expiration I (Month/Day	form are not re ntly valid OMB osed of, or Benef nvertible securi- cisable and late	ficially Own ties)  7. Title and of Underly Securities	respond tumber.  ed d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	To. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficial Ownersh (Instr. 4)

### **Reporting Owners**

D # 0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
DAVIS JOE D 4880 SANTA ROSA ROAD CAMARILLO, CA 93012			Executive VP and COO		

## **Signatures**

Jonathan L. Block, Attorney-in-fact for Joe D. Davis pursuant to a continuing power of attorney	03/17/2006
**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).

### Remarks:

- (1) -The option vests in four equal installments, commencing on March 15, 2007.
- (2) -Each installment of the option expires on the fifth anniversary of the vesting date. The last installment to vest will expire on March 15, 2015.

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.