FORM 4

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

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 Ty	pe Response	8)												
Name and Address of Reporting Person * Olsen Michael				2. Issuer Name and Ticker or Trading Symbol Altice USA, Inc. [ATUS]					5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
	(Last) (First) (Middle) COURT SQUARE WEST			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2019					X	X Officer (give title below) Other (specify below) Acting Gen Counsel & Secretary				
(Street)				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				
		ITY, NY 11101												
(Cit	y)	(State)	(Zip)			Table	I - Non-Deriv	ative Securities	s Acquired,	Disposed	of, or Bene	ficially Owned		
1.Title of S (Instr. 3)			2. Transaction Date (Month/Day/Year	Execut	ecution Date, if	3. Tra Code (Instr	(A	Securities Acqu) or Disposed onstr. 3, 4 and 5)			Securities Beneficially ing Reported		wnership of	Nature Indirect eneficial
				(Month		,		(A) or	(Inst	nstr. 3 and 4)			r Indirect (In	rnership str. 4)
						Co	de V A	nount (D)	Price			(I	(Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities	beneficial	ly owned di	rectly	Persons in this f	who respond orm are not realth valid OMB	equired to	respond (74 (9-02)
		separate line for each		- Derivati	ive Securiti	es Acc	Persons in this for a currer		equired to B control noticially Own	respond (umber.				74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date, if	- Derivati (e.g., pu 4. Transact Code	ive Securiti ts, calls, wa 5. Num of Deri Securiti	es Acc rrant: ber vative ies ed (A) osed	Persons in this for a currer quired, Dispos, options, con 6. Date Exern Expiration D (Month/Day/	orm are not really valid OME sed of, or Beneficertible securi- cisable and ate	equired to B control noticially Own	respond oumber. ned d Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Derivati (e.g., pu 4. Transact Code	ive Securiti ts, calls, wa 5. Num of Deri Securiti Acquire or Disp of (D) (Instr. 3	es Acc rrant: ber vative ies ed (A) osed	Persons in this for a currer quired, Dispos, options, con 6. Date Exern Expiration D (Month/Day/	orm are not really valid OME sed of, or Beneficertible securi- cisable and ate	equired to B control notices) 7. Title an of Underly Securities	respond oumber. ned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Olsen Michael 1 COURT SQUARE WEST LONG ISLAND CITY, NY 11101			Acting Gen Counsel & Secretary			

Signatures

/s/ Michael Olsen	04/26/2019
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).

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.