Instruction 1(b).

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 205/10 |
|--------------|-------------|--------|
| wasiiiigton, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average burden | | | | | | | |

| Form 3 | Holdings Repo | rted. | OWNERSHIP | | | | | | | | | hours per response: 1 | | | | | |
|--|---|---|---|---|---|-------|---|---------|-------------------------------|---|---|---|---|---|--|----------------------------------|--|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Section | | | | | ities Excha ompany Ac | | | | | | | | |
| 1. Name and Address of Reporting Person* DECHERD ROBERT W | | | | | 2. Issuer Name and Ticker or Trading Symbol A. H. Belo Corp [AHC] | | | | | | Check all a | applicable rector | 109 | | Owner | | |
| (Last) (First) (Middle) A. H. BELO CORPORATION | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014 | | | | | | Year) | | | | ficer (give low) | r (specify w) | |
| P.O. BOX 224866 | | | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) DALLAS TX 75222-4866 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quir | ed, Di | sposed | of, or | Benefici | ally Ow | ned | | | | |
| Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5) | | | or Disposed | sed Of Securities Beneficially Owned at e | | For | nership lı m: Direct E | '. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | Amoun | t | (A) or (D) | Price | Issue | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | | |
| Series A Common Stock | | | 12/18/2014 | | | G | | 335 | 5,556 | D | \$0.00 | 1 | 130,477 | | D | | |
| Series A Common Stock | | | | | | | | | | | | | 1,093 | | | By 401(k) Plan ⁽¹⁾ | |
| Series A Common Stock | | | | | | | | | | | | 240 | | | By Spouse ⁽²⁾ | | |
| | | Та | ble II - Derivat (e.g., p | tive Secur uts, calls, | | | | | | | | - | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | rercise (Month/Day/Year) if any to of vative (Month/Day/Year) | Execution Date, | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amou Secu Unde Deriv | rities rlying ative rity (Instr. 3 | 8. Price of Derivativ Security (Instr. 5) | deriva Secul Bene Owne Follor Repo | rities ficially ed wing rited saction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Held by the A. H. Belo Savings Plan as of December 31, 2014 $\,$
- 2. The reporting person disclaims beneficial ownership of these securities.

Remarks:

Christine E. Larkin, Attorney-

in-Fact

01/06/2015

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.