FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235-0104					
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

1. Name and Address of Reporting Person*  SMALL NICOLE G  2. Date of Event Requiring Statemer (Month/Day/Year) 09/12/2011			nent	3. Issuer Name and Ticker or Trading Symbol A. H. Belo CORP [ AHC ]								
(Last) 508 YOUNG (Street) DALLAS (City)	(First) STREET TX (State)	(Middle)  75202  (Zip)	- -			ationship of Reporting Perso c all applicable) Director Officer (give title below)	on(s) to Issue 10% Own Other (spe below)	er	6. Inc	If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  4. Nature of Indirect Beneficial Ow (Instr. 5)		Beneficial Ownership				
NO SECURITIES BENEFICIALLY OWNED					0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Title of Derivative Security (Instr. 4)     Expiration Date (Month/Day/Year)			icable and	Underlying Derivative Security (Instr. 4) Conve		4	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. Title of Deriva	alive Security (iii	isu. 4)	Expiration D	ate				Conve	rcise	Ownership		

Explanation of Responses:

NICOLE G. SMALL

09/12/2011

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).