FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Schulmencher Plake							2. Issuer Name and Ticker or Trading Symbol Uniti Group Inc. [UNIT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Schuhmacher Blake</u>					1-	Oma Group me. [Omi]										Direct	tor		10% O	wner			
						3 D	2. Data of Farlingt Transportion (Month/Day/Year)										Office below	fficer (give title elow)		Other (specify below)			
(Last) (First) (Middle)								3. Date of Earliest Transaction (Month/Day/Year) 02/13/2019									Prir	ncinal Acc	ounting Office		or.		
10802 EXECUTIVE CENTER DRIVE					02/	02/15/2019									I incipal recomming officer								
BENTON BUILDING, SUITE 300																							
DEIVION DOILDING, SOITE 300					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
						.	4. II Amendment, Date of Original Filed (Month/Ddy/ fedi)										Line)						
(Street)			_													X Form filed by One Reporting Person							
LITTLE	ROCK .	AR	7	2211													Form	filed by Mor	re than On	e Ren	ortina		
						-											Perso		c than On	іс гесрі	orang		
(City)		(Stat	e) (2	Zip)																			
			Table	e I - Nor	n-Deriv	ative	Se	curitie	s Acq	γuired,	Dis	posed o	f, oı	r Ben	efici	ally O	wne	ed					
1. Title of S	Security (Ir	ıstr.	3)		2. Trans	action	ction 2A. Deemed 3.					3. 4. Securities Acquired (A)					. Amo	ount of	6. Owner	ship	7. Nature		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,		Date			Execution Date,		Transaction		Disposed	Disposed Of (D) (Instr. 3, 4			l and Secur				Form: Direct	of Indirect		
					(Month/l	Dayryea		f any Month/D	ny onth/Day/Year)		Code (Instr. 8)		5)							(D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
						(9		1			Rep		ed	(,, (/ /	(Instr. 4)				
										Code	l۷	Amount	(A) or (D)		Price			ction(s) 3 and 4)					
C C 1												580(1)	1) D \$		ф ₁₀	19.86		0.601		\neg			
Common Stock 02/13/						5/2019				F		580(1)	, П <u>п</u> ф		Φ19	9.86		9,601	D				
			Ta	hle II - C	Perivat	ive S	ecu	rities	Δcaui	ired D	isno	sed of,	or P	Renefi	ciall	v Owi	ned						
												onvertib				,							
1. Title of	2.	Τ.	3. Transaction	3A. Deeme		4.		-	-			sable and				8. Pric	o of	9. Number o	f 10.		11. Nature		
Derivative	Conversion		Date (Month/Day/Year)	Execution		Transactio					n Dat		7. Title and Amount of			Derivative		derivative	Owne	rship	of Indirect		
Security	or Exercis	e (if any (Month/Day	ay/Year)	Code (Instr.			(Month/D	ay/Ye	ear)	Securities			Security (Instr. 5)		Securities	Form		Beneficial		
(Instr. 3)	Price of Derivative					8)								Underlying Derivative				Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
									Security (Instr.			3		Following	(I) (In:		,						
								14)		Reported Transaction	(s)												
								(Instr. 3, 4									(Instr. 4)	1					
	and 5)																						
									1 1						ount								
							l				- 1			or Nu	nber								
			l			Date		Expiration	l	of													
						Code	V	(A)	(D)	Exercisa	ble	Date	Title	e Sha	ares		- 1		- 1				

Explanation of Responses:

1. These shares were withheld to satisfy the reporting person's tax obligations.

/s/ Blake Schuhmacher by

Daniel L. Heard, Attorney-in- 02/14/2019

<u>Fact</u>

** 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.