FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

1	Check this box if no longer subject to								
	Section 16. Form 4 or Form 5								
J	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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MEDIACOM COMMUNICATIONS CORP								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WINIKOFF ROBERT L						[MCCC]								X Directo	Director		10% Ow	/ner		
(Last)	(Last) (First) (Middle)						[Meee]								Officer (give title below)		Other (s below)	pecify		
C/O MEDIACOM COMMUNICATIONS CORP.							3. Date of Earliest Transaction (Month/Day/Year)													
100 CRYSTAL RUN RD						03/13/2009														
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						, , , ,								Line)						
MIDDLETOWN NY 10941													X Form filed by One Reporting Person							
					_									Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Tab	le I - Nor	ı-Deri	vativ	e Se	curities	s Ac	quired, C	Disp	osed o	f, or Be	neficial	y Owned						
1. Title of Security (Instr. 3)							2A. Deem		3.			ties Acquir		5. Amou				7. Nature		
Date (Mont					n/Day/Ye	ear)	Execution Date, if any		Code (Instr. 5)			ed Of (D) (Instr. 3, 4 a		Benefici	dly (D) d	(D) or	or Indirect	Beneficial		
							(Month/Day/Year		r) 8)				Owned Following Reported				Ownership (Instr. 4)			
									Code	v	Amount	(A) o	Price	Transact (Instr. 3						
Class A Common Stock 03/13/							2009				7,500	00 ⁽¹⁾ A		56.	56,200		D			
		-	Table II - I						uired, Dis , options					Owned						
					puis,	Call	1		•											
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed		4. Transa	ction	n of r. Derivative Securities Acquired		6. Date Exercisable and Expiration Date			7. Title and Amou of Securities		8. Price of Derivative	9. Number of derivative		10. Ownership	11. Nature of Indirect		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day	[Code ((Month/Day			Underlyin Derivative	g	Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
(msu. s)	Derivative		(MOIIIII/Day	/ rear)	0)							(Instr. 3 a		(111511.5)	Owned		or Indirect	(Instr. 4)		
Security					(A) or Disposed of (D) (Instr. 3, 4 and 5)								Following Reported Transaction(s) (Instr. 4)		(i) (Instr. 4)					
							<u> </u>	'		Т			Amount	1	. ,					
													or Number							
						 	 		Date		xpiration	 	of							
					Code	٧	(A)	(D)	Exercisable	; D	ate	Title	Shares							
Employee Stock												Class A								
Option (Right to	\$4.26	03/13/2009			A		15,000		(3)	03	3/12/2019	Common Stock	15,000	(2)	15,000)	D			

Explanation of Responses:

- 1. The securities are resticted stock units which will vest in two equal annual installments commencing on March 13, 2010.
- 2. Not applicable.
- $3. \ The \ option \ is \ subject \ to \ vesting \ in \ two \ equal \ annual \ installments \ commencing \ on \ March \ 13, \ 2010.$

<u>/s/ Robert L. Winikoff</u> <u>03/17/2009</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.