

**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* <u>Morris Communications Holding Company, LLC</u> <hr/> (Last) (First) (Middle) 725 BROAD STREET <hr/> (Street) AUGUSTA GA 30901 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/29/2007	3. Issuer Name and Ticker or Trading Symbol <u>MEDIACOM COMMUNICATIONS CORP [ MCCC ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	28,309,674	I	(2) <sup>(1)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person\*  
Morris Communications Holding Company, LLC  


---

 (Last) (First) (Middle)  
 725 BROAD STREET  


---

 (Street)  
 AUGUSTA GA 30901  


---

 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Shivers Trading & Operating CO  


---

 (Last) (First) (Middle)  
 725 BROAD STREET  


---

 (Street)  
 AUGUSTA GA 30901  


---

 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Shivers Investments, LLC  


---

 (Last) (First) (Middle)  
 725 BROAD STREET  


---

 (Street)  
 AUGUSTA GA 30901  


---

 (City) (State) (Zip)

**Explanation of Responses:**

1. These shares are owned directly by Shivers Investments, LLC, which is a wholly owned subsidiary of Morris Communications Holding Company, LLC ("Holding"), which is a wholly owned subsidiary of Shivers Trading & Operating Company ("STO"). Holding and STO are indirect beneficial owners of the reported securities.

**Remarks:**

(2) Morris Communications Company, LLC, formerly Morris Communicatons Corp.("MCC"), is a wholly owned subsidiary of Holding. On June 29, 2007, MCC distributed 100% of its membership interest in Shivers Investments, LLC to Holding, with no consideration. As a result, Shivers Investments, LLC is now wholly owned by Holding, and both MCC and Shivers Investments, LLC are "brother-sister" subsidiaries of Holding. Shivers Investments, LLC directly owns 28,309,674 shares of Class A Common Stock of Mediacom Communications Company. After this transaction, MCC no longer beneficially owns these securities, although the ultimate beneficial ownership of these securities has not changed, since each of STO, Holding, Shivers Investments, LLC and MCC are still controlled by William S. Morris and his wife.

Craig S. Mitchell- Senior Vice      07/06/2007  
President-Finance

\*\* 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 5 (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.**