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

OWNERSHIP

| ANNUAL | STATEMENT | OF CHANGE | S IN BENEF | ICIA |
|---------------|------------------|------------------|------------|------|

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 1.0 | | | | | | | | | |

Form 3 Holdings Reported.

Instruction 1(b)

| Form 4 | Transactions R | eported. | File | ed pursuant to or Section | | | | | ities Excha ompany Ac | | | | | | | | |
|-----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------|--------------------|--------------|---------------------|-----------------------------------------------------------------------|---------------------------------------|
| 1. Name and Address of Reporting Person* COTTER MARGARET | | | | 2. Issuer Name and Ticker or Trading Symbol READING INTERNATIONAL INC [RDI] | | | | | | 5. Relationship of R (Check all applicab X Director | | | ing Pe | . , | Issuer Owner | | |
| (Last) (First) (Middle) 189 SECOND AVENUE SUITE 3N | | | 12/31/20 | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2012 | | | | | | | | belov | | | belo | , | |
| (Street) NEW YORK NY 10003 (City) (State) (Zip) | | | | 4. If Amen | dment | , Date o | of Orig | jinal File | d (Month/E | Day/Yeai | | 6. Indi Line) X | Form | i filed by O | ne Re | porting Pe | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quire | ed, Di | sposed | of, or | Benefic | ially | Owne | ed | | | |
| | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | or Dispose | Securi Benefi | | ties O cially F | | ership 1: Direct | 7. Nature of Indirect Beneficial | |
| | | | | | | | Amour | nt | (A) or (D) | | | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | | | Ownership (Instr. 4) | |
| Class A Non-Voting Common Stock | | 11/15/2012 | GS | | 5 | 418 | 3,584 | A | A \$0 | | 655,371 | | | D | | | |
| | | Та | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | rities lired r osed) : 3, 4 | Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | nt er | | | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

Margaret Cotter

02/21/2013

** Signature of Reporting Person

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.