FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|------------------|------------|----------------|-------------|

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to 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

| | | | | · | . 0000 | o oo() . | 00 | | • | .,, | 0. 20.0 | | | | | | | | |
|---|--|------------|--|--|--|----------------|------|--|--|------------------|--|---|---|--------------------------------|--|---|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* MATYCZYNSKI ANDRZEJ J | | | | | 2. Issuer Name and Ticker or Trading Symbol READING INTERNATIONAL INC [RDI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify | | | | | | |
| (Last) 5995 SE SUITE 3 | PULVEDA | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/12/2018 | | | | | | X | below) | | | | респу | | | |
| (Street) CULVER CITY CA 90230 | | | 4. | 4. 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 | | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | erivativ | e Se | curities | s Ac | quired, I | Disp | osed o | f, or B | enefic | ially | Owned | l | | | | |
| Date | | | ransaction e onth/Day/Y | Execution Date, | | Transaction Di | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securiti Benefic | | es ally Following | Form (D) o | r Indirect 0 r Indirect 1 str. 4) 0 | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) (D) | Pri | ce | Transacti (Instr. 3 a | tion(s) | | | (1130.4) | | | |
| | | - | Fable II - De e.ç(| | | | | uired, Di s, options | | | | | | Owned | | | | | |
| 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/Yea | Code | Transaction Code (Instr. | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | 1 5 | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amor or Num of Share | ber | | | | | | |
| Restricted Stock Units | (1) | 04/12/2018 | | A | | 2,737 | | (2) | | (2) | Class A Non- Voting Common Stock | 2,73 | 37 | \$0 | 2,737 | , | D | | |
| Stock Option; Right to Buy; Class A Non- voting Common Stock | \$16.39 | 04/12/2018 | | A | | 11,811 | | (2) | 04 | 4/11/2023 | Class A Non- Voting Common Stock | 11,8 | 11 | \$0 | 11,811 | 1 | D | | |

Explanation of Responses:

- 1. Each Restricted Stock Unit represents the contingent right to receive one share of Class A Non-Voting Common Stock upon vesting of the unit.
- 2. Granted pursuant to the Company's 2010 Stock Incentive Plan, vesting in four equal annual installments commencing on the first anniversary of the Date of Grant.

/s/ Andrzej Matyczynski

04/16/2018

** 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.