Maynulet Javier Jose Form 3 December 01, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 ON

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Maynulet Javier Jose		3. Issuer Name and Ticker or Trading Symbol HEMISPHERE MEDIA GROUP, INC. [HMTV]			
(Middle)	12/01/2017	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
BLVD.,		(Check	all applicable)		
		Director10% Owner XOfficerOther (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
CORAL GABLES, FL 33146		Officer of Subsidiary Division		Person Form filed by More than One Reporting Person	
(Zip)	Table I - N	Non-Derivat	tive Securities B	eneficially Owned	
			Ownership Own	ature of Indirect Beneficial ership r. 5)	
e line for ea	ch class of securities benefic	^{ially} S	EC 1473 (7-02)		
ition conta d to respo ly valid ON	ined in this form are not nd unless the form displ /IB control number.	t lays a	, warrants, options,	convertible securities)	
	(Middle) BLVD., 33146 (Zip) e line for eas s who resp tion conta d to respon ly valid OM	Statement (Month/Day/Year) (Middle) 12/01/2017 I BLVD., I BLVD., (Zip) Table I - N 2. Amount o Beneficially (Instr. 4) e line for each class of securities benefic s who respond to the collection of tion contained in this form are not d to respond unless the form display y valid OMB control number.	Statement (Month/Day/Year) HEMISPH (Middle) 12/01/2017 4. Relationsh Person(s) to I BLVD., (Check	Statement (Month/Day/Year) HEMISPHERE MEDIA GR (Middle) 12/01/2017 4. Relationship of Reporting Person(s) to Issuer BLVD., (Check all applicable)	

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		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)	

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Maynulet Javier Jose 4000 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES, FL 33146		Â	Â	Officer of Subsidiary Division	Â		
Signatures							
/s/ Javier Jose Maynulet	12/01/2017						
<u>**</u> Signature of Reporting Person	Date						
Explanation o	of Responses	:					

No securities are beneficially owned

- * 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).

Â **Remarks:** Exhibit 24.1: Power of Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.