Nurse Brian Form 3 September 19, 2018 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

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> Nurse Brian			2. Date of Event Requiring Statement (Month/Day/Year) 09/18/2018	3. Issuer Name and Ticker or Trading Symbol WORLD WRESTLING ENTERTAINMENTINC [WWE]				
(Last)	(First)	(Middle)	09/16/2018	4. Relationship of Reporting Person(s) to Issuer		;	5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O WORLD WRESTLING ENTERTAINMENT, INC., 1241 EAST MAIN STREET (Street) STAMFORD, CT 06902			T-LL-T-L	(Check all applicable) Director10% Owner XOfficerOther (give title below) (specify below) SVP, General Counsel			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)					neficially Owned	
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
Class A Common Stock			0	0 D		Â		
Reminder: Report on a separate line for each class of securities be owned directly or indirectly.			ch class of securities benefic	ially S	SEC 1473 (7-02	.)		
	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 control number.							

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

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

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		(Instr. 4)		Price of	Derivative
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Nurse Brian C/O WORLD WRESTLING ENTERTAINMENT, INC. 1241 EAST MAIN STREET STAMFORD, CT 06902	Â	Â	SVP, General Counsel	Â	

Signatures

Brian Nurse 09/19/2018

**Signature of Reporting Person Date

Explanation of Responses:

* 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. 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.