FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* <u>MORENO ARTURO R</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>Clear Channel Outdoor Holdings, Inc.</u> [CCO] | | onship of Reporting Pe II applicable) Director Officer (give title | rson(s) X | to Issuer 10% Owner Other (specify |
|--|---|-------|---|------------|---|--------------|--|
| | Last) (First) (Middle) C/O MORENO COMPANIES, LLC 1455 E. CAMELBACK ROAD, SUITE C140 | | 3. Date of Earliest Transaction (Month/Day/Year) 04/14/2025 | | below) | | below) |
| (Street) PHOENIX | AZ | 85018 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individ | ual or Joint/Group Filir Form filed by One Re Form filed by More th | porting | Person |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|-----------------------------|---|--|---------------|------------------------------|--|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (1150. 4) | |
| Common Stock | 04/14/2025 | | Р | | 500,000 | Α | \$1.01 ⁽¹⁾ | 60,229,814 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 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) | Transaction Code (Instr. 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--|---|--|---|-----------------------------------|---|------------|-----|--|--------------------|-------|----------------------------------|--|--|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$0.982 to \$1.01. The reporting person undertakes to provide to the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within range set forth herein.

| /s/ Arturo R. Moreno | |
|----------------------------------|--|
| ** Signature of Reporting Person | |

04/16/2025 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.