FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-01							
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	of Section 30(ii) of the investment company Act of 1340											
1. Name and Address of Reporting Person*  CASS DONALD F JR  2. Date of Even Requiring State (Month/Day/Yea 01/22/2008			nent	3. Issuer Name and Ticker or Trading Symbol A. H. Belo CORP [ AHC ]								
(Last)	(First)	(Middle)	-			ationship of Reporting Perso c all applicable) Director	son(s) to Issuer		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)			
P.O. BOX 224866				X	Officer (give title below)	Other (spe	cify					
(Street) DALLAS	TX	75222-4866				EVP and Secret	,		X	Form filed by	y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities beneficially owned						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiratio Date	n Title	3	Amount or Number of Shares	Price of Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Donald F. Cass, Jr.

01/23/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).