FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinaton | $D \subset$ | 205/10 |
|-------------|-------------|--------|
| Washington, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| ı | l . | | | | | | | | |

| Instructi | ion 1(b). Holdings Repo | rted. | OWNERSHIP | | | | | | | | . | · - | - 11 | | average b | | 1.0 | |
|---|---|---|---|--|--|---|--------------------------------------|---------------|--------|---|--|--|---|--|--|-----------------------------------|---|-----|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | | | | | | | | | | |
| Name and Address of Reporting Person* CLINE DENNIS | | | | 2. Issuer Name and Ticker or Trading Symbol MARCHEX INC [MCHX] | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | |
| (Last) (First) (Middle) 520 PIKE STREET | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015 | | | | | | | Officer (give title Other (specify below) below) | | | | | | | |
| SUITE 20 | J00 | | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SEATTLE WA 98101 | | | | - | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quir | ed, Di | sposed | of, o | r Benefic | ially | y Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5) | | | | d 5. Amount of Securities Beneficially Owned at end of | | 6. Owne Form: (D) or | rship Direct | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Amoun | t | (A) or (D) | Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indire | ct (I) | (Instr. 4) | | | |
| Class B Common Stock 03/09 | | 03/09/2015 | | | G ⁽¹⁾ | | 7,5 | 500 | D | \$0.00 | | 118,310 | | | D | | | |
| Class B Common Stock | | | | | | | | | | | | 28,500 | | | I | By DMC Investmen LLC | | |
| Class B Common Stock | | | | | | | | | | | | | 10,0 | 000 | | I | By Trust Colburn Cline ⁽²⁾ | for |
| | | Та | ble II - Derivat (e.g., p | ive Securi uts, calls, | | | | | | | | | 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/Year) | 4. Transaction Code (Instr. 8) | ction of Expira | | iration Date nth/Day/Year) S U D S a | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | Price of erivative ecurity nstr. 5) | 9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4 | tive ties cially I ing ed ction(s) | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Benefic Owners ct (Instr. 4 | rect cial ship | |

Explanation of Responses:

- 1. This transaction involved a gift of securities by the reporting person to a trust for his son's benefit. The reporting person disclaims beneficial ownership of the shares held by the trust for the benefit of his son.
- 2. Reporting person disclaims beneficial ownership.

Remarks:

Dennis Cline

02/12/2016

** 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.