
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

SCHEDULE 13G

(Rule 13d-102)

**INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT
TO § 240.13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED
PURSUANT TO § 240.13d-2**

(Amendment No.)

LIBERTY MEDIA CORPORATION

(Name of Issuer)

SERIES C COMMON STOCK

(Title of Class of Securities)

531229300

(CUSIP Number)

December 31, 2015

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

Rule 13d-1 (b)

Rule 13d-1 (c)

Rule 13d-1 (d)

* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 (the "Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes.)

1	NAME OF REPORTING PERSON Warren E. Buffett	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION United States Citizen	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 15,386,257
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 15,386,257
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 15,386,257	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 6.9%	
12	TYPE OF REPORTING PERSON IN	

1	NAME OF REPORTING PERSON Berkshire Hathaway Inc.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 15,386,257
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 15,386,257
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 15,386,257	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 6.9%	
12	TYPE OF REPORTING PERSON HC, CO	

1	NAME OF REPORTING PERSON GEICO Corporation	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> A MEMBER	

1	NAME OF REPORTING PERSON GEICO Indemnity Company	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Maryland	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 2,852,776
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 2,852,776
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 2,852,776	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 1.3%	
12	TYPE OF REPORTING PERSON IC, CO	

1	NAME OF REPORTING PERSON FlightSafety International Inc. Retirement Income Plan	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of New York	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER NONE
	6	SHARED VOTING POWER 400,000
	7	SOLE DISPOSITIVE POWER NONE
	8	SHARED DISPOSITIVE POWER 400,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 400,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.2%	
12	TYPE OF REPORTING PERSON EP	

1	NAME OF REPORTING PERSON GEICO Corporation Pension Plan Trust
2 TE	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>

1	NAME OF REPORTING PERSON Johns Manville Corporation Master Pension Trust
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>
3	SEC USE ONLY
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Colorado
NUMBER OF	

1	NAME OF REPORTING PERSON BNSF Master Retirement Trust
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>
3	SEC USE ONLY
4	CITIZENSHIP OR PLACE OF ORGANIZATION State of Texas s s Sy
NUMBER OF SHARES OF 20 P BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	PTDA

1	NAME OF REPORTING PERSON General Re Corp. Employee Retirement Trust	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3		

1	NAME OF REPORTING PERSON	
	Lubrizol Corp. Master Trust Pension	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	State of Ohio	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER
		NONE
	6	SHARED VOTING POWER
		150,000
	7	SOLE DISPOSITIVE POWER
		NONE
	8	SHARED DISPOSITIVE POWER
		150,000
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
	150,000	
10	CHECK	

1	NAME OF REPORTING PERSON R. Ted Weschler	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/>	
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION United States Citizen	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER 571,668
	6	SHARED VOTING POWER 0
	7	SOLE DISPOSITIVE POWER 571,668
	8	SHARED DISPOSITIVE POWER 16,554
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 588,222	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES <input type="checkbox"/> Not Applicable.	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.3%	
12	TYPE OF REPORTING PERSON IN	

SCHEDULE 13G

Item 1.

(a) Name of Issuer

LIBERTY MEDIA CORPORATION

(b) Address of Issuer's Principal Executive Offices

12300 Liberty Boulevard, Englewood, CO 80112

Item 2(a). Name of Person Filing:

Item 2(b). Address of Principal Business Office:

Item 2(c). Citizenship:

Warren E. Buffett
3555 Farnam Street
Omaha, Nebraska 68131
United States Citizen

National Indemnity Company
1314 Douglas Street
Omaha, Nebraska 68102
Nebraska corporation

Government Employees Insurance Company
One GEICO Plaza
Washington, DC 20076
Maryland Corporation

GEICO Indemnity Company
One GEICO Plaza
Washington, DC 20076
Maryland Corporation

FlightSafety International Inc. Retirement Income Plan
c/o FlightSafety International Inc.
McGuardia Airport
Flushing, NY 11371
New York

GEICO Corporation Pension Plan Trust
c/o GEICO Corporation
1 Geico Plaza
Washington, DC 20076
Maryland

Berkshire Hathaway Inc.
3555 Farnam Street
Omaha, Nebraska 68131
Delaware corporation

GEICO Corporation
One GEICO Plaza
Washington, DC 20076
Delaware Corporation

National Fire & Marine Insurance Company
1314 Douglas Street
Omaha, NE 68102
Nebraska Corporation

Fruit of the Loom Pension Trust
c/o Fruit of the Loom
1 Fruit of the Loom Drive
Bowling Green, KY 42102
Kentucky

Lubrizol Corp. Master Trust Pension
c/o The Lubrizol Corporation
29400 Lakeland Boulevard
Wickliffe, OH 44092
Ohio

Johns Manville Corporation Master Pension Trust
c/o Johns Manville Corporation
1700 S. W. Highway
Denver, CO 80202
Colorado

Item 6. Ownership of More than Five Percent on Behalf of Another Person.

Not Applicable.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person.

See Exhibit A.

Item 8. Identification and Classification of Members of the Group.

See Exhibit A.

Item 9. Notice of Dissolution of Group.

Not Applicable.

Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect, other than activities solely in connection with a nomination under § 240.14a-11.

SIGNATURES

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated this 16th day of February, 2016

SCHEDULE 13G

EXHIBIT A

RELEVANT SUBSIDIARIES AND MEMBERS OF FILING GROUP

PARENT HOLDING COMPANIES OR CON8G

SCHEDULE 13G

EXHIBIT

National Fire & Marine Insurance Company

Dated: February 16, 2016

/S/ Marc D. Hamburg

By: Marc D. Hamburg
Title: Chairman of the Board

GEICO Indemnity Company

Dated: February 16, 2016

/S/ Michael H. Campbell

By: Michael H. Campbell
Title: Senior Vice President

Fruit of the Loom Pension Trust

Dated: February 16, 2016

/S/ Rick Medlin

By: Rick Medlin
Title: President and Chief Executive Officer, Fruit of the Loom

Dated: February 16, 2016

/S/ Brian Valentine

By: Brian Valentine

Title: Senior Vice President, The Lubrizol Corporation

Dated: February 16, 2016

/S/ R. Ted Weschler

R. Ted Weschler