FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Expires: December 31, 2014 Estimated average burden hours per

response:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* MUENZER GLENN J.			2. Date of E Requiring S (Month/Day 09/21/20	Statement /Year)	3. Issuer Name and Ticker or Trading Symbol VALUE LINE INC [VALU]					
(Street) EAST MEADOW (City)	NY	(Middle) RT 11554 (Zip)	09/21/20.		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% (Owner (specify	6. li (Ch	ed (Month/Day/ endividual or Joi neck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
		Та	ble I - Non	-Derivativ	ve Securities Benefi	cially C	wned	•		
1. Title of Security (Instr. 4)								4. Nature of Indirect Beneficial Ownership (Instr. 5)		
i. The of Sec	curity (instr. 4))		Ē	2. Amount of Securities Beneficially Owned (Instr. 1)	Form: [(D) or l	Direct ndirect			
COMMON				Ē	Beneficially Owned (Instr.	Form: [(D) or l	Direct ndirect r. 5)			
		/ALU		erivative	Beneficially Owned (Instr. 1)	Form: E (D) or II (I) (Inst	Direct ndirect r. 5)	Own		
	STOCK - V	ALU (e.g.,		erivative s, warran	Securities Beneficiats, options, convert	Form: I (D) or I (I) (Inst	Direct ndirect r. 5)	Own S)	ership (Instr.	6. Nature of

Explanation of Responses:

Remarks:

/s/ Glenn J. Muenzer

09/25/2012

** 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 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.

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.