

Thaler Jason S  
 Form 3  
 February 12, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Thaler Jason S		(Month/Day/Year)	PRIMEDIA INC [PRM]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		02/07/2007		
C/O PRIMEDIA INC.,Â 745			(Check all applicable)	
FIFTH AVENUE			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
NEW YORK,Â NYÂ 10151			Senior V.P., General Counsel	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of Shares			

(Instr. 5)

Stock Options (Right to Buy)	Â (1)	12/02/2008	Common Stock	3,000	\$ 2.9	D	Â
Stock Options (Right to Buy)	Â (2)	01/02/2011	Common Stock	3,511	\$ 11.3738	D	Â
Stock Options (Right to Buy)	Â (3)	11/30/2010	Common Stock	3,512	\$ 7.1821	D	Â
Stock Options (Right to Buy)	Â (4)	06/26/2010	Common Stock	20,113	\$ 11.9078	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Thaler Jason S C/O PRIMEDIA INC. 745 FIFTH AVENUE NEW YORK, NY 10151	Â	Â	Â Senior V.P., General Counsel	Â

## Signatures

Jason S. Thaler 02/12/2007

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

\* 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).

- (1) The option was originally granted on 12/2/2003. As of the date hereof, all options are fully vested.
- (2) The option was originally granted on 1/2/2001. As of the date hereof, all options are fully vested.
- (3) The option was originally granted on 11/30/2000. As of the date hereof, all options are fully vested.
- (4) The option was originally granted on 6/26/2000. As of the date hereof, all options are fully vested.

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### Remarks:

ExhibitÂ ListÂ Â ExhibitÂ 24Â -Â PowerÂ ofÂ Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.