FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Duffy Shawn Lynn</u>						2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]											k all appl Direct	or		rson(s) to Issuer 10% Owner Other (specify		
(Last) 6155 EL	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/17/2017											below			below)	specify	
(Street) CARLSBAD CA 92009					4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Indi Line) X						
(City)	(S	tate) ((Zip)															Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date				Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (I 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				and Securit Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount		(A) or (D)	Pric	e	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)				
\$.0001 par value common stock 12/17						2017				М		2,292	2	A	\$0	.00	00 21,050		D			
\$.0001 par value common stock 12/18/						2017				F ⁽¹⁾		953		D	\$7	3.71	1 20,097		D			
\$.0001 par value common stock																	1,	564			By 401(k)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemde Execution if any (Month/Da	Date, 1	1. Transac Code (I 3)		n of l			Date Ex piration onth/Da	Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			De Se		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisab		xpiration ate	Title		Amour or Numbe of Shares	er						
restricted	\$0.00	12/17/2017			M			2,292		(2)		(3)	com	mon	2,292	2	\$0.00	6,875		D		

Explanation of Responses:

- 1. This entry represents the number of shares of ViaSat, Inc. common stock withheld by the Issuer to satisfy the tax withholding obligation of the Reporting Person. These shares were not sold by the Reporting Person but were instead offset from the total number of vested shares received by the Reporting Person from the Issuer.
- 2. The original restricted stock unit grant was for 9,167 restricted stock units on 11/17/2016. Subject to the reporting persons election to defer the receipt of the common stock, the units vest and convert into shares of common stock (on a 1 for 1 basis) at the rate of 1/4 on the 13th month anniversary of the grant date; 1/4 on the second anniversary of the grant date; 1/4 on the third anniversary and 1/4 on the fourth anniversary of the grant date.
- 3. Until vested, the restricted stock unit shall be subject to forfeiture in the event of termination of employment or service with the issuer.

Remarks:

Kathleen K. Hollenbeck, under 12/19/2017 power of attorney

** 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.