FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES I	N 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

Name and Address of Reporting Person* Peterman Ken Allen					2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]											Chec	ationship of Reporting all applicable) Director		ıg Peı	g Person(s) to Issuer 10% Owner Other (specify	
(Last) 6155 EL	(F CAMINO	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/17/2016											Officer (give title Other (specify below) Senior Vice President				specify
(Street) CARLSI (City)		tate)	92009 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)										ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)			2. Trans	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		<u>.</u>	3. Transaction Code (Instr.					ed (A) c	or 5. Amo 4 and Securi Benef Owner		unt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) (D)		Pric	е	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
\$.0001 par value common stock				12/17	2/17/2016					M		1,875		A	\$0	.00	10,215			D	
\$.0001 par value common stock			12/17	17/2016					F ⁽¹⁾		849)	D	\$6	8.6	9),366		D		
\$.0001 par value common stock																405				By 401(k)	
		Т	able II -									sed of					wned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)		n of i		Ex	Date Exc piration onth/Da	Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		l	De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	te ercisabl		xpiration ate	Title		Amoun or Numbe of Shares	r					
restricted	\$0.00	12/17/2016			M			1,875		(2)		(3)	com	nmon	1,875		\$0.00	5,625		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 7,500 restricted stock units on 11/17/2015. 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 12/20/2016 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.