FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPRO	OVAL						
	OMB Number:	3235-0362						
l	Estimated average bure	mated average burden						
l	hours per response: 1.							

Form 3 Holdings Reported.

Instruction 1(b)

1. Name and Address of Reporting Person* DANKBERG MARK D				or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer					
(Last) (First) (Middle) 6155 EL CAMINO REAL				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 04/03/2015							Year)						
(Street) CARLSBAD CA 92009 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed (of, or	Benefici	ally Owr	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				Secur Benef			ership n: Direct	7. Nature of Indirect Beneficial Ownership	
				(montal pay real)		, 3,		Amoui	nt	(A) or (D) Price		Issuer	Issuer's Fiscal Year (Instr. 3 and			(Instr. 4)	
\$0001 par value common stock 12/22/2014					G		Ĵ	2,200		D	\$0.00	1,5	41,352 I		I	By Trust	
\$0001 par value common stock 01/05/2				G		Ĵ	2,310		D	\$0.00 1,		,539,042		I	By Trust		
\$0001 par	value comi											1,331		I	By 401(k)		
		Ta	ble II - Derivat (e.g., p	ive Secur uts, calls,									d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv	r osed) r. 3, 4	Expir	te Exercisable and ration Date th/Day/Year)		Amou Secu Unde Deriv	rities rlying ative rity (Instr. 3	8. Price of Derivative Security (Instr. 5)		e s Illy	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
									l	1	Amount						

Explanation of Responses:

Remarks:

Kathleen K. Hollenbeck, under 05/14/2015 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.