## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0									
Estimated average burden									
hours per response:	0.5								

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

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 WHITE HARVEY							VIASAT INC [ VSAT ]								(Check all applicable)  X Director 10% Owner				
(Last) 6155 EL	(Fi	*	(Middle)				f Earli	est Tran	saction (	Month	n/Day/Year)		Offic belo	er (give title w)		Other (speci below)			
(Street)	BAD CA 92009				_ 4. Ii	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					
(City)	(Si	tate)	(Zip)											Pers	on				
4			le I - No			_			<del>.</del>	l, Di	sposed (							7 Notice	
1. Title of Security (Instr. 3)				2. Transa Date (Month/D		//Year) Ex		A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)				5) Secur Benef Owne Report	icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D) Pri		Trans (Instr.	Transaction(s) (Instr. 3 and 4)				
		mmon stock		11/25/2019		_			S		1,000	D	\$73		59,630			By Trust	
		mmon stock			11/26/2019				S		5,000	D	\$73.1	_	54,630		-	By Trust	
\$0.0001 par value common stock 11/2						_			M		5,000	A	\$57.	_	5,000		D		
\$0.0001 par value common stock 11/26						+			M		5,000	A	\$63.		10,000		D		
\$0.0001 par value common stock 11/26/2						+			M		5,000	A	\$60.		15,000		D		
\$0.0001 par value common stock 11/26/20									M S		5,000	A	\$61		20,000		D		
\$0.0001 par value common stock 11/2										<u> </u>	20,000				0		D		
		Т	able II -								osed of, converti								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,		Transaction Code (Instr.		1 of		6. Date Exercis Expiration Dat (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		y O F D o (I	). wnership orm: irect (D) r Indirect I (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
stock option (right to buy)	\$57.57	11/26/2019			M			5,000	09/17/20	015	09/17/2020	common stock	5,000	\$0.00	0		D		
stock option (right to buy)	\$63.37	11/26/2019			M			5,000	09/16/20	016	09/16/2021	common sock	5,000	\$0.00	0		D		
stock option (right to buy)	\$60.59	11/26/2019			M			5,000	09/07/20	018	09/07/2023	common stock	5,000	\$0.00	0		D		
stock option (right to buy)	\$61.6	11/26/2019			M			5,000	09/06/20	019	09/06/2024	common stock	5,000	\$0.00	0		D		

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$73.14 to \$73.43 inclusive. The Reporting Person undertakes to provide Viasat, Inc., any security holder of Viasat, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

## Remarks:

Kathleen K. Hollenbeck, under power of attorney

11/27/2019

\*\* 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.