FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

l	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <sup>*</sup> <u>Harkenrider Kevin J</u>							2. Issuer Name <b>and</b> Ticker or Trading Symbol VIASAT INC [ VSAT ]								all applic Directo	cable) or	ng Person(s) to Is		owner	
(Last) 6155 EL	(Fi	irst) REAL			3. Date of Earliest Transaction (Month/Day/Year) 07/22/2019								X	below)		Other (s below) adband Systems		` ´		
(Street) CARLSBAD CA 92009					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)															Person					
		Tab	le I - No	on-Deri	vativ	e Sec	urit	ies Ac	quired	l, Di	sposed o	f, or Be	nefici	ally	Owned	l				
Da					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			nd 5) Securiti Benefic Owned		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
\$.0001 par value common stock 07/22/2						019			<b>M</b> <sup>(1)</sup>		17,500	A	\$60	.9	27,	725		D		
\$.0001 par value common stock 07.					/2019				S <sup>(1)</sup>		17,500	D	\$81.7	'8 <sup>(2)</sup>	10,	,225		D		
\$.0001 par value common stock														2,	2,547			By 401(k)		
		٦	Table II								oosed of, convertil				wned		,	,		
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,	4. Transa Code ( 8)				6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		D S	. Price of Perivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V		(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares	r						
stock option, right to	\$60.9	07/22/2019			M			17,500	(3)		11/14/2019	common stock	17,50	0	\$0.00	0		D		

## **Explanation of Responses:**

- 1. Transaction pursuant to Rule 10b5-1 Trading Plan adopted on May 29, 2019.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$81.43 to \$82.06 inclusive. The reporting person undertakes to provide to Issuer, any security holder of Issuer, 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.
- 3. The option vested in 4 equal annual installments beginning on 11/10/2014 and ending on 11/10/2017.

## Remarks:

Kathleen K. Hollenbeck, under power of attorney

\*\* Signature of Reporting Person

07/24/2019 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.