FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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*						2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>NATHAN KRISHNA</u>						THOM INCLINAL J										Direc	•••		10% O		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/17/2023										X belov	er (give title v)		Other (s	specify	
6155 EL CAMINO REAL																C	Chief Information Officer				
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line) X Form filed by One Reporting Person									
CARLSI	BAD C	A !	92009																n One Repo	- 1	
														Person							
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication															
			Check this how to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to																		
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														50 10	
		Tabl	e I - Nor	า-Deriv	ative	Sec	uriti	es Ac	au	ıired. I	Disi	posed c	of. OI	r Ben	eficia	llv Own	ed				
1. Title of S	Security (Ins			2. Trans		2/	A. Dee	med	Ť	3.		4. Securi					ount of	6. O	wnership	7. Nature	
Date (Month/Date					Day/Yea					Transaction Disposed Of (D) (Insti			r. 3, 4 an	Benefi	ially (D)		or Indirect	of Indirect Beneficial			
						(Month/D			ar)	8)		1			Repor	ed			Ownership (Instr. 4)		
							Code	٧	Amount		(A) or (D)	Price		ction(s) 3 and 4)							
\$.0001 par value common stock 08/17/						/2023			M		7,500)	A	\$0.0	7,500			D			
\$.0001 par value common stock									\neg											By	
\$.0001 pa										3	35,497			Spouse							
		T	able II -	 Deriva	tive S	Secu	ritie	s Aca	uir	red. Di	spo	osed of	or I	Bene	ficially	/ Owned	l				
												onverti									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		n of		Ex	Date Exe (piration Ionth/Day	Date	Amount of			8. Price o Derivative Security (Instr. 5)		Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ate kercisabl		Expiration Date	Title	1	Amount or Number of Shares						
restricted stock unit	\$0.00	08/17/2023			M			7,500		(1)		(2)	comi		7,500	\$0.00	0		D		

Explanation of Responses:

- 1. The original restricted stock unit grant was for 30,000 restricted stock units on August 17, 2019. Subject to the reporting person's continued employment with the Issuer, the units vest and convert into shares of common stock (on a 1-for-1 basis) in four (4) equal annual installments beginning on August 17, 2020.
- 2. 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, 08/21/2023 Attorney-in-Fact

** 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.