FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-028									
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hours per response	e: 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* Harkenrider Kevin J					2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]									(Che	5. Relationship of Report (Check all applicable) Director Officer (give tittle below)			on(s) to Is 10% Ov Other (s	vner
(Last) (First) (Middle) 6155 EL CAMINO REAL					3. Date of Earliest Transaction (Month/Day/Year) 08/02/2024									below) below) Chief Operating Officer					
(Street) CARLSBAD CA 92009					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to															
											ns of Rule 10								
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Disp	osed of	, or E	Bene	ficial	ly Own	ed			
Da				2. Transaction Date (Month/Day/Year)		Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)			, 4 and Securitie Beneficia Owned F		ies cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
\$.0001 par value common stock 08/02						2024					198(2)	D		\$ <mark>0</mark>	218(3)		D		
\$.0001 par value common stock 08/					/2024				G		198	A	4	\$ <mark>0</mark>	30	0,110		I	By Trust
\$.0001 par value common stock 08					9/2024				G ⁽¹⁾		218)	\$ <mark>0</mark>		0)	
\$.0001 par value common stock				08/09/2024					G		218	18 A		\$ <mark>0</mark>	30	0,328		I	By Trust
\$.0001 par value common stock															4,	4,582(4)			By 401(k)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, Tr ty or Exercise (Month/Day/Year) if any				4. Transa	ransaction ode (Instr.		umber vative urities uired or osed) r. 3, 4	•	Exerci	sable and	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8 D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	y Di or (I)	on whership orm: irect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)			Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. These shares were transferred into the Kevin and Andrea Harkenrider Trust dated November 11, 2008.
- 2. Includes 198 shares purchased on 01/31/2024 under the Viasat Employee Stock Purchase Plan.
- $3.\ Includes\ 218\ shares\ purchased\ on\ 07/31/2024\ under\ the\ Viasat\ Employee\ Stock\ Purchase\ Plan.$
- 4. Includes 849 shares of common stock the Reporting Person acquired under the Viasat 401(k) Plan since the date of the Reporting Person's last ownership report.

Stacy Nguyen, Attorney-in-

08/13/2024

** 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.