FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO |
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| <u> </u> | OMP Number: |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| DAIN | | Name and Address of Reporting Person* DANKBERG MARK D | | | | 2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|------------------------------|--|-----------------|--|---|---|-----------------------------------|-----------------------|------------------------|---|---|--|--|---------|-----|------------|
| DANKBERG MARK D | | | | | | , , , , , , , , , , , , , , , , , , , | | | | | | | | X | Direc | ctor | 10% | Owner |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | X | X Officer (give title below) | | below | Other (specify below) | | | |
| 6155 EL CAMINO REAL | | | | | 03/ | 03/10/2004 | | | | | | | | Chief Executive Officer | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| CARLSE | BAD CA | A 9 | 2009 | | | | | | | | | | | X | X Form filed by One Reporting Person | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | nd 5) Securit Benefic Owned | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| \$.0001 par value common stock 03/ | | | | 03/10/2 | 2004 | 004 | | | S ⁽¹⁾ | | 750 | D | \$27 | .2067 | \$1, | 799,535 | D | |
| 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) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Deri Seci (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Transaction pursuant to Rule 10b5-1 Trading Plan adopted on February 9, 2004.

Remarks:

Mark D. Dankberg

03/11/2004

** 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.