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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	ide. See		File	d nurei	uant to	Section	16/a) of the Se	curiti	es Evchan	ne Act of 1	103/			nours	per re	sponse:	0.5
	1011 1(15).			riiet					Investmen				1934						
Name and Address of Reporting Person* Suri Rajeev					2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
,	-J <u></u>				2.5	oto of	Carlinat	Tron	nantian (M	onth/l	Dou/Voor)		_	X	Directo				
(Last)	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/07/2023								officer below)	(give title		Other (s below)	pecity	
6155 EL	CAMINO	REAL			4. If	Amer	idment,	Date (of Original	Filed	(Month/Da	ay/Year)	6. Lir		idual or	Joint/Grou	p Filin	g (Check Ap	plicable
(Street)														X	Form t	filed by On	e Rep	orting Perso	n
CARLSBAD CA 92009													Form filed by More than One Reporting Person						
(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tabl	le I - Non	-Deriv	ative	Sec	urities	s Ac	quired,	Dis	posed o	f, or Be	neficia	lly (Owne	t			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Di						Execution Date			Code (Instr. 5)					d	5. Amou Securitie Benefici Owned F	es Form		m: Direct or Indirect E	7. Nature of Indirect Beneficial Ownership
				(Month Bay) real			Code	v	Amount	(A) o	r Price	\dashv	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
		Т	able II - [uired, D					y O	wned			<u>'</u>	
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		tive ties ed sed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F ally D o g (I	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
common stock option (right to buy)	\$24.34	09/07/2023			A		5,000		(1)	0	9/07/2029	common stock	5,000	Ş	\$0.00	5,000)	D	
restricted	(2)	09/07/2023			A		1 600		(3)		(4)	common	1 600	,	\$0.00	1 600		D	

Explanation of Responses:

- 1. The option vests on September 7, 2024.
- 2. Each restricted stock unit represents a contingent right to receive one share of Viasat, Inc. common stock.
- 3. Subject to the reporting person's continued service as a Director of the Issuer, this award will vest and convert into shares of common stock of the Issuer on September 7, 2024.
- 4. Until vested, the restricted stock unit shall be subject to forfeiture in the event of termination of the directorship with the Issuer.

Remarks:

Kathleen K. Hollenbeck, 09/11/2023 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.