FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* STENBIT JOHN P | | | | | | 2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|---|--|---|--|---|--|---|--------|--------------|---------------------------------|------|--------------------|-------|--|--|---|---|--|---|--------------------|--|--|--|
| STENDIT JOHN I | | | | | | | | | | | | | | | X Direc | | or | | 10% Ov | wner | | | |
| (Last) 6155 EL | (F | * | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2013 | | | | | | | | | | | Office below | r (give title) | | Other (s below) | specify | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | ٦ | X | Form | filed by One | e Rep | orting Perso | n I | | |
| CARLSI | BAD C. | A : | 92009 | | | | | | | | | | | | | | | filed by Mor | More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | . 0.00 | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | uriti | ies Ac | qu | uired, | Dis | osed o | of, o | r Ber | nefici | ally | Owne | d | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | | | | | | 4 and Securi Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Report Transa (Instr. 3 | | tion(s) | | | (Instr. 4) | | |
| \$.0001 par value common stock 09/2 | | | | | 0/2013 | 2013 | | | М | | 1,60 | 0 | A | \$0.00 | | 3,200 | | | D | | | | |
| \$.0001 par value common stock | | | | | | | | | | | | | | | | 6,600 | | | I | By Trust | | | |
| | | Ţ | able II - I | | | | | | | | | sed of, onverti | | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. B) | | | | Ex | Date Exc piration onth/Da | Date | Amount | | ount of urities erlying vative urity (Ir | of es ing ve | | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Da Ex | ite ercisabl | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | | |
| restricted stock unit | \$0.00 | 09/20/2013 | | | М | | | 1,600 | 09 | 9/20/201 | 3 | (1) | com | | 1,600 | | \$0.00 | 0 | | D | | | |

Explanation of Responses:

1. 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, under 09/24/2013 power of attorney

** 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.