FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | hurdon | | | | | | | | |

0.5

hours per response:

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

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|--|---|--|---|---------|---|--|------------------|----------|---|-------------------|---------------------|--|----------------|-----------------------|---|---|---|---|-------------------------------------|--|--|
| 1. 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) | | | | | | |
| | | | | | 1 | | | | J 1 | | | | | | X | Direc | ctor | | 10% C | wner | |
| (Last) | (Fi | rst) (| Middle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Office | | | Other below) | (specify | | |
| 6155 EL CAMINO REAL | | | | | 07/ | 07/21/2004 | | | | | | | | | Chief Executive Officer | | | | | | |
| (Street) | | | | | 4. If | Amer | ndment, | Date o | of Origina | al File | d (Month/Da | ay/Ye | ear) | | . Indivine) | /idual o | r Joint/Group | p Filing (| Check A | pplicable | |
| CARLSE | BAD CA | A 9 | 92009 | | | | | | | | | | | | X | Form | n filed by One | e Repor | ting Pers | on | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Form Pers | n filed by Mo on | re than (| One Rep | orting | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | Code | action (Instr. | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount (A | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (msu. 4) | | |
| \$.0001 par value common stock 07/21/ | | | | 2004 | | | S ⁽¹⁾ | | 750 D | | D | \$18 | .89 | 1,792,034 | | I |) | | | | |
| | | Та | | | | | | | , | | sed of, onvertib | | | | y Oı | wned | | | | | |
| 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/D | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercis. Expiration Date (Month/Day/Yea | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | Deri Sec | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Insti | nership m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercise | able | Expiration Date | Titl | or Nu of | nount mber ares | | | | | | | |

Explanation of Responses:

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

Remarks:

Kathleen K. Hollenbeck, under 07/22/2004 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.