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

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

	ROVAL
OMB Number:	3235-0287

Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person* FPR PARTNERS LLC				2. Issuer Name and Ticker or Trading Symbol <u>VIASAT INC</u> [VSAT]								c all app Direc	blicable) ctor		6 Owner			
(Last) (First) (Middle) 199 FREMONT STREET SUITE 2500					3. Date of Earliest Transaction (Month/Day/Year) 10/09/2012									belov	er (give title w)	belo	er (specify w)	
(Street) SAN CA 94105 FRANCISCO				= 4. lf.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St		Zip)								<u> </u>			<u> </u>				
1 Title of S	Security (Inst		e I - N	On-Deriv		-	Deemed		quireo	d, Di	sposed o					ed	6. Ownership	7. Nature
	loounty (mot			Date (Month/Da		Execution Date,		Date,			Disposed Of (D) (Instr. 3, 4 a			and 5) Secu Bene		ities icially d Following ted	Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect
									Code	v	Amount	(A) o (D)	Price	e	Transaction(s) (Instr. 3 and 4)			
Common	Stock			10/09/2	2012				Р		335,000	A	\$38	38.6617 5,052,832			Ι	See Footnote 1 ⁽¹⁾
		Ta	ble II								osed of, convertib				wned			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year)		ion Date,	4. Transacti Code (Ins 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		Deri Sect (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Numbe of Shares	er				
	d Address of	Reporting Person [*] <u> SLLC</u>																
(Last) (First) (Middle) 199 FREMONT STREET SUITE 2500																		
(Street) SAN FR	ANCISCO	CA	94	105														
(City)		(State)	(Zi	p)														
	d Address of ndrew Jo	Reporting Person [*] <u>hn</u>																
(Last) 199 FRE SUITE 2	MONT ST	(First)	(M	iddle)														
(Street) SAN FR	ANCISCO	CA	94	105														

(City) (State) (Zip) 1. Name and Address of Reporting Person*

Peck Bobby Ray JR

(Last)	(First)	(Middle)					
199 FREMONT ST							
SUITE 2500							
(Street)							
SAN FRANCISCO) CA	94105					
P							
(City)	(State)	(Zip)					

Explanation of Responses:

1. The reported shares of Common Stock are held directly by a limited liability company and certain limited partnerships, collectively, the Funds. FPR Partners, LLC is the general partner of the limited liability company and acts as investment manager to the remaining Funds. Andrew Raab and Bob Peck hold ownership interests in the general partner or managing member of each of the Funds as well as limited partnership interests. Each of the reporting persons disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

FPR PARTNERS LLC /s/Siu	
<u>Chiang, Chief Financial</u>	<u>10/11/2012</u>
<u>Officer</u>	
ANDREW RAAB /s/Siu	10/11/2012
<u>Chiang for Andrew Raab</u>	10/11/2012
BOB PECK /s/Siu Chiang for	10/11/2012
Bob Peck	10/11/2012
** 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.