FORM 4

obligations may continue. See

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

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

Instruction 1(b) 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* <u>Chandran Girish</u>						2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]										k all app Direc	licable) tor	ng Per	Person(s) to Issuer 10% Owner Other (speci		
(Last) 6155 EL	(F CAMINO	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/10/2017										X	belov	cer (give title w) VP and C		Other (specify below)	
(Street)			92009		4. I	f Ame	ndmen	it, Date	e of C	Original I	Filed	(Month/E	Day/Ye	ear)		6. Ind Line)	Form	r Joint/Group n filed by Ond n filed by Mo on	e Rep	orting Perso	on
(City)	(S		(Zip)	n Deriv	ative		riti	as 1		uired	Dier	nosed .	of o	r Bo	nofi	rially	Owne	nd.			
1. Title of Security (Instr. 3)			2. Trans	2. Transaction			2A. Deemed Execution Date,		3. Transaction Code (Instr.					4 and Securi Benefi		ount of ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount		(A) o (D)	Pr	ice		eu ction(s) 3 and 4)			(11150.4)
\$.0001 par value common stock			11/10	0/2017					M		625	5	A	\$	\$0.00		4,337		D		
\$.0001 pa	\$.0001 par value common stock		11/10	10/2017					F ⁽¹⁾		235	5	D \$68.		68.4	4,102			D		
\$.0001 par value common stock														1,741(2)				By 401(k)			
		T	able II - I	Derivat e.g., pı													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,		Transaction Code (Instr.		n of E		Date Exe piration I onth/Day	Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f g	De Se	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exc	ite ercisable		opiration ate	Title		Amou or Numb of Share	er					
restricted stock unit	\$0.00	11/10/2017			M			625		(3)		(4)	comr		625		\$0.00	0		D	

Explanation of Responses:

- 1. This entry represents the number of shares of ViaSat, Inc. common stock withheld by the Issuer to satisfy the tax withholding obligation of the Reporting Person. These shares were not sold by the Reporting Person but were instead offset from the total number of vested shares received by the Reporting Person from the Issuer.
- 2. Includes 178 shares of common stock the reporting person acquired under the ViaSat 401(k)Plan, since the date of the reporting person's last ownership report.
- 3. The original restricted stock unit grant was for 2,500 restricted stock units on 11/14/2013. Subject to the reporting persons's continued employment with the Issuer, the units vest and convert into shares of common stock (on a 1-for-1 basis) in four (4) equal annual installments beginning on 11/10/2014.
- 4. Until vested, the restricted stock unit shall be subject to forfeiture in the event of termination of employment or service with the issuer.

Remarks:

stock unit

Kathleen K. Hollenbeck, under power of attorney

11/13/2017

** 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.