FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* NASH JEFFREY M | | | | | | 2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--------|----------|---------|--|--|---|--|--|------------|---|---------------------|-------------------|---|---|--|---|--|-----------|--|
| INASII JEFFRET WI | | | | | | | | | | | | | | | | ctor | | 10% C | wner | |
| (Last) (First) (Middle) 6155 EL CAMINO REAL | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2004 | | | | | | | | | cer (give title w) | | Other below) | (specify | |
| | | | | | 1 If | Δme | ndment | Date (| of Origina | l Eiler | d (Month/Da | av/Vear | | 6 | Individual | or Joint/Groun | Filing ((| `heck Δ | nnlicable | |
| (Street) | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| CARLSE | SAD CA | , c | 92009 | | | | | | | | | | | X For | m filed by One | d by One Reporting Person | | on | | |
| | | | | | | | | | | | | | | | orm filed by More than One Reporting erson | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or I | 3ene | ficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Dat | | | | | | Execution Date, | | | 3. 4. Securities Acquire Disposed Of (D) (Inst. 8) | | | uired (Instr. 3 | A) or B, 4 and | Secu Bene Owne | 5. Amount of Securities Beneficially Owned Following Reported | | rship irect direct . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | v | Amount | (A) (D) | or | Price | Trans | action(s) . 3 and 4) | | | (111341.4) | | | |
| \$.0001 par value common stock 05/10/2 | | | | | | | 2004 | | S ⁽¹⁾ | | 1,000 | I | D \$22.02 | | 25 3 | 25 347,913 | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owned | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) 8 | | | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owr Forr Dire or Ir (I) (I | nership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Transaction pursuant to Rule 10b5-1 Trading Plan adopted on November 17, 2003.

Remarks:

Kathleen K. Hollenbeck, under power of attorney 05/10/2004

** 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.