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 h	nurdon							

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

					01 -	occiio	11 30(11)	or tire		Julicut	COII	ipariy Aci	01 134	<u> </u>							
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol VIASAT INC [VSAT]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Harkenrider Kevin J</u>				1-	VILOTII IIVO [VOAI]										Dire	ctor		10% O	wner		
(Con) (Cina) (Atidula)						Date of Earliest Transaction (Month/Day/Year)										X Office below	er (give title w)		Other (below)	specify	
(Last) (First) (Middle)						11/17/2017										Pres	ident Com	merc	ial Netwo	rks	
6155 EL CAMINO REAL																					
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
CARLSBAD CA 92009															X Form filed by One Reporting Person				on		
(City)	(5)	toto) /	(7in)													Form filed by More than One Reporting Person				orting	
(City)	(5	tate) ((Zip)																		
		Tab	le I - Non	-Deriv	ative	Sec	curitie	s Ac	qui	ired, C	Disp	osed o	of, or	Ber	neficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution D			•,	Transaction Dispose Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3,			d Secur Benef	curities Foundation Foundation Following (I)		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	t (A) or (D)		Price	Trans	nsaction(s) str. 3 and 4)			(111511.4)	
		Ta	able II - [Derivat	ive S	Secu	rities	Acq	uire	ed, Dis	spo	sed of,	or B	ene	ficially	/ Owned	I				
			(e.g., pı	uts, (calls	, warr	ants	s, op	ptions	, c	onverti	ble s	ecu	rities)						
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/Day	Date, 1	ate, Transa Code (I				Exp	s. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		ıstr. 3	8. Price of Derivative Security (Instr. 5)	9. Number 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)	Date Exe	e ercisable		kpiration ate	Title		Amount or Number of Shares						
restricted	(1)	11/17/2017			Α		7,500			(2)	T	(3)	comm	on	7,500	\$0.00	7,500		D		

Explanation of Responses:

- $1.\ Each\ restricted\ stock\ unit\ represents\ a\ contingent\ right\ to\ receive\ one\ share\ of\ ViaSat,\ Inc.\ common\ stock.$
- 2. Subject to the reporting person's election to defer the receipt of common stock, the units vest and convert into shares of common stock of the Issuer at a rate of 1/4 on the 13th month anniversary of the grant date; 1/4th on the second anniversary of the grant date; 1/4th on the second anniversary of the grant date and 1/4 on the fourth anniversary of the grant date.
- 3. 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

11/21/2017

** 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.