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 | | | | | | | | |

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

| | | | | | | | | | | | · · | | | | | | | | | | |
|--|---|--|--|----------|--|--|------------------|--------|--|------------------------------|---------------------|---|---------------------|----------------------|---|--|---|---|---|--|--|
| 1. 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) | | | | | | |
| MONAHAN GREGORY D | | | | | | | | | | | | | | | | Direc | | | 10% O | - | |
| (Last) | (Fi | ret) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | _ | X | | Officer (give title below) | | Other (below) | specify | | |
| (Last) (First) (Middle) 6155 EL CAMINO REAL | | | | | 03/14/2006 | | | | | | | | | Vice President | | | | | | | |
| | | | | | 4 If | Amer | ndment | Date o | f Origina | l Filed | I (Month/Da | v/Yea | ər) | 6 | Indiv | ridual o | r Joint/Group | n Filino | n (Check A | nnlicable | |
| (Street) | | | | | " | 41101 | idirioni, | Dute 0 | origina | | (World)/De | ty/ Tot | <i>λ</i> ι <i>)</i> | | ne) | | | · | | | |
| CARLSB | SAD CA | AD CA | | 92009 | | | | | | | | | | | X | | Form filed by One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Forn Pers | n filed by Moi on | re thar | n One Repo | orting | | |
| | | Tabl | e I - No | n-Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | 3. Transa Code (8) | 4. Securit Disposed 5) | | | | 4 and Secui Bene | | rities F ficially (led Following (l | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111341.4) | |
| \$.0001 par value common stock 03/14 | | | | 2006 | | | S ⁽¹⁾ | | 1,500 | | D | \$27 | 7.18 3 | | 14,179 | | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | 4. Transaction Code (Instr. B) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | ount nber ares | | | | | | | |

Explanation of Responses:

1. Transaction pursuant to Rule 10b5-1 Trading Plan adopted on December 14,2005.

Remarks:

Gregory D. Monahan

03/15/2006

** 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.