FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OWB 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).

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

| 1. Name and Address of Reporting Person* DANKBERG MARK D | | | | | | 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 | | | | | |
|--|---|--|---|---------|---|--|---|------------------|---|--------|--|---|--|---|--|--|--|--|--|
| (Last) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2006 | | | | | | | | (give title | 10% Owner Other (specify below) utive Officer | | 1 | |
| (Street) CARLSBAD CA 92009 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uriti | es Acq | uired, | Dis | posed of | , or Ber | neficial | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exec hth/Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Benefici Owned I | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| \$.0001 par value common stock 11/13/2 | | | | | | 2006 | | М | | 10,000 | A \$7. | | 1,86 | 1,861,506 | | D | | | |
| \$.0001 par value common stock 11/13/2 | | | | | | 2006 | | S ⁽¹⁾ | | 10,000 | 10,000 D \$ | | 3 1,851,506 | | | D | | | |
| | | T | able II - | | | | | | | | osed of, convertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e Over Section Ove | Downership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| stock options(right | \$7.02 | 11/13/2006 | | | M | | | 10,000 | (2) | | 05/28/2007 | common | 10,000 | \$7.02 | 352,00 | 00 | D | | |

Explanation of Responses:

- 1. Transaction pursuant to Rule 10b5-1 Trading Plan adopted on September 15, 2006.
- 2. The option vested in five (5) equal annual installments beginning on May 28, 1998 and ending on May 28, 2002.

Remarks:

Kathleen K. Hollenbeck, under power of attorney

11/15/2006

** 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.