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*  GALLAGHER PATRICK					2. Issuer Name <b>and</b> Ticker or Trading Symbol HARMONIC INC [ HLIT ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GALLAGHER PAIRICK									-			]	V Directo	r		10% Ow	/ner
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/03/2019								Officer below)	(give title		Other (s below)	pecify
4300 NORTH FIRST STREET				١	., 00,	010											
				4	. If Ame	endment,	Date o	of Original F	iled	(Month/Day	//Year)	6. In	dividual or J	oint/Group	Filing	(Check App	licable
(Street)												Line	,				
SAN JO	SE C.	A	95134										X Form fi	led by One	Repo	rting Persor	י [
													Form fi Person		e than	One Repor	ting
(City)	(S	tate)	(Zip)														
		Tal	ole I - Non	-Derivati	ve Se	curitie	s Ac	quired, I	Disp	oosed o	f, or Bei	neficiall	y Owned				
1 Title of	Security (Inst			2. Transacti		2A. Deem		3.	•		ies Acquire		5. Amour		6 Ow	nership	7. Nature of
Date				Date	Execution Date,			Transaction Disposed Of (D) (Instr. 3, 4			r. 3, 4 and			Form: Direct		Indirect Beneficial	
(Month/D					Day/Year) if any (Month/Day/Year)		Code (Instr. 5)			Owned F	Following (i) (I		str. 4)	Ownership			
							Code	Code V Amount		(A) or Pric		Reported Transact	ion(s)			(Instr. 4)	
								Code	<u> </u>	Amount (D)		File	(Instr. 3 a	and 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			(	e.g., put	s, cal	ls, warr	rants	s, options	s, c	onvertik	ole secu	rities)					
1. Title of	2.	3. Transaction	3A. Deemed Execution Date if any	4.		ction of I		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying					8. Price of	9. Number		10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)			action (Instr.							Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year				(111301.	Securities		Derivative Sec			Security	(Instr. 5)	Beneficially		Direct (D)	Ownership		
Derivative Security					Acquired (Instr. 3 and 4) (A) or Disposed						nd 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
													Reported	- 1	() ()		
				of (D) (Instr. 3, 4 and 5)								Transaction(s) (Instr. 4)					
							П		Т			Amount	1				
					1		H					or Number					
					١.,	(n)	_	Date		Expiration	-:	of					
				Code	V	(A)	(D)	Exercisable		Date	Title	Shares					
Restricted Stock Units <sup>(1)</sup>	\$0.00	04/03/2019		A		21,238		02/15/2020	(2)	02/15/2020	Common Stock	21,238	\$0.00	21,238	3	D	

## Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of HLIT common stock.
- 2. The shares subject to the restricted stock units are scheduled to vest in full on February 15, 2020. Vested shares will be delivered to the reporting person on or immediately following February 15, 2020.

## Remarks:

/s/ Laura Donovan By

Attorney-in-Fact: Laura 04/04/2019

Donovan

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.