FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

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

| Name and Address of Reporting Person* REDDERSEN WILLIAM F | | | | | | 2. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT] | | | | | | | | | Relationship eck all app X Direct | , | | rson(s) to Issuer | | |
|--|--|--|---------|----------|----------------------------------|---|----------------------------|---|--------------------|------|---|---------------|-------------|--|--|--|---|---|------------|--|
| (Last) | ` | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2017 | | | | | | | | | Office | Officer (give title below) | | Other (| | |
| 4300 NORTH FIRST STREET | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| SAN JOS | SE C. | A 9 | 95134 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | /Year) | Exec if an | у | ned n Date, ay/Year) | Transaction Dispos Code (Instr. and 5) | | | rities Acquired (A ed Of (D) (Instr. 3 | | | Securii Benefi Owned | cially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | Report Transa | Following Reported Transaction(s) (Instr. 3 and 4) | | (r. 4) | (Instr. 4) | |
| Common Stock 02/15/20 | | | | 017 |)17 | | М | | 24,000(1) | | A | \$0.0 | .00 173,884 | | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | on Date, | 4. Transaci Code (In 8) | 5. Number ion of | | 6. Date Ex. Expiration (Month/Da | Date | • | or | | nount | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | of | umber | | | | | | |
| Restricted Stock Unit | \$0.00 | 02/15/2017 | | | M | | | 24,000 | 02/15/2017 | 7 02 | 2/15/2017 | Comm Stock | 1177 | 4,000 | \$0.00 | 0 | | D | | |

Explanation of Responses:

1. These shares of common stock were acquired upon the vesting of restricted stock units on 2/15/2017. These restricted stock units were initially granted to the Reporting Person on 3/14/2016, and were identified on a Form 4 filed by the Reporting Person on 3/16/2016.

Remarks:

/s/ Laura Donovan By Attorney-in-Fact: Laura

02/17/2017

<u>Donovan</u>

** 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.