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

| 1. Name and Address of Reporting Person* COVERT HAROLD L | | | | | | 2. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT] | | | | | | | | | k all appli | tionship of Reporting all applicable) Director | | erson(s) to Is | | | |
|--|---|--|---|----------|----------------------------------|---|---------|-----|--|----|-----------|---|--------------------------------------|--|---|--|---------------|--|---|--|--|
| (Last) | , | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2014 | | | | | | | | | | Officer (give title below) | | Other (s below) | specify | | |
| 4300 NORTH FIRST STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SAN JOS | SE CA | A 9 | 95134 | | | | | | | | | | | | | | orting Person | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | ative S | Sec | urities | Acc | quired, Di | sp | osed o | f, or Be | nefici | ally | Owne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | | ities Acqu d Of (D) (I | | | | es ially | Forr (D) o | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | , | Amount | t (A) or (D) | | е | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (mau. 4) | | |
| 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transact Code (In 8) | tion of I | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |
| | | | | | Code | v | (A) | | Date Exercisable | | opiration | Title | Amour or Numbe of Shares | er | | | | | | | |
| Restricted Stock Units ⁽¹⁾ | \$0.00 | 03/14/2014 | | | A | | 16,949 | | 02/15/2015 ⁽²⁾ | 02 | 2/15/2015 | Common Stock | 16,949 |) | \$0.00 | 16,949 | | D | | | |

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Harmonic common stock.
- 2. The shares subject to these restricted stock units are scheduled to vest in full in one installment on February 15, 2015. Vested shares will be delivered to the reporting person on or immediately following February 15, 2015.

Remarks:

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

03/18/2014

** Signature of Reporting Person

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.