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*  Reaugh Mitzi             |                                                                       |                                            |                                                             |                      |                                 | 2. Issuer Name and Ticker or Trading Symbol HARMONIC INC [ HLIT ] |      |                                       |                                           |           |                               |        |                                                        |                                                                                                                      | Relationship<br>eck all appl<br>X Direct                    | ,                                                                           |                         | erson(s) to Is              |                                                     |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|----------------------|---------------------------------|-------------------------------------------------------------------|------|---------------------------------------|-------------------------------------------|-----------|-------------------------------|--------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------|-----------------------------|-----------------------------------------------------|--|
| (Last)                                                          | ,                                                                     | ,                                          | Middle)                                                     |                      |                                 | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2014       |      |                                       |                                           |           |                               |        |                                                        |                                                                                                                      |                                                             | Officer (give title below)                                                  |                         | Other (<br>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 JOSE CA 95134                                      |                                                                       |                                            |                                                             |                      |                                 |                                                                   |      |                                       |                                           |           |                               |        |                                                        |                                                                                                                      | X Form filed by One Reporting Person                        |                                                                             |                         |                             |                                                     |  |
|                                                                 | JE C                                                                  |                                            |                                                             |                      |                                 |                                                                   |      |                                       |                                           |           |                               |        |                                                        |                                                                                                                      |                                                             | Form filed by More than One Reporting<br>Person                             |                         |                             |                                                     |  |
| (City)                                                          | (S                                                                    |                                            | Zip)                                                        |                      |                                 |                                                                   |      |                                       |                                           |           |                               |        |                                                        |                                                                                                                      |                                                             |                                                                             |                         |                             |                                                     |  |
|                                                                 |                                                                       | Tab                                        | le I - N                                                    | lon-Deriv            | vative                          | Sec                                                               | urit | ies Ac                                | quired,                                   | Dis       | posed o                       | of, or | Bene                                                   | ficial                                                                                                               | ly Owne                                                     | d                                                                           |                         |                             |                                                     |  |
| 1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/ |                                                                       |                                            |                                                             |                      | y/Year)                         | Execution                                                         |      |                                       | Transaction Dispos<br>Code (Instr. and 5) |           | 4. Secur<br>Dispose<br>and 5) |        |                                                        |                                                                                                                      | 5. Amo<br>Securit<br>Benefic<br>Owned                       | ties Fo<br>cially (D)<br>I Ind                                              |                         | m: Direct<br>or<br>rect (I) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|                                                                 |                                                                       |                                            |                                                             |                      |                                 |                                                                   |      |                                       | Code                                      | v         | Amount                        |        | (A) or (D) Price                                       |                                                                                                                      | Following Reported Transaction(s) (Instr. 3 and 4)          |                                                                             | (Instr. 4)              |                             | (Instr. 4)                                          |  |
| Common Stock 02/15/20                                           |                                                                       |                                            |                                                             |                      |                                 | 014                                                               |      |                                       | M                                         |           | 19,031(1)                     |        | A                                                      | \$0.0                                                                                                                | 0 44                                                        | 4,974                                                                       |                         | D                           |                                                     |  |
|                                                                 |                                                                       | Ta                                         | able II                                                     | - Deriva<br>(e.g., p |                                 |                                                                   |      |                                       | uired, D<br>, option                      |           |                               |        |                                                        |                                                                                                                      | Owned                                                       |                                                                             |                         |                             |                                                     |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                      | 4.<br>Transac<br>Code (In<br>8) |                                                                   |      | 6. Date Ex<br>Expiration<br>(Month/Da | е                                         | Amount of |                               | r. 3   | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | у                                                           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | Beneficial<br>Ownership |                             |                                                     |  |
|                                                                 |                                                                       |                                            |                                                             |                      | Code                            | v                                                                 | (A)  | (D)                                   | Date<br>Exercisab                         |           | xpiration<br>ate              | Title  | or<br>Nu<br>of                                         | mber<br>ares                                                                                                         |                                                             |                                                                             |                         |                             |                                                     |  |
| Restricted<br>Stock<br>Units                                    | \$0.00                                                                | 02/15/2014                                 |                                                             |                      | M                               |                                                                   |      | 19,031                                | 02/15/201                                 | 4 0       | 2/15/2014                     | Commo  |                                                        | ,031                                                                                                                 | \$0.00                                                      | 0                                                                           |                         | D                           |                                                     |  |

## **Explanation of Responses:**

## Remarks:

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

02/19/2014

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.

<sup>1.</sup> These shares of common stock were acquired upon the vesting of restricted stock units on 2/15/2014. These restricted stock units were initially granted to the Reporting Person on 3/15/2013, and were identified on a Form 4 filed by the Reporting Person on 3/19/2013.