FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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* LEY ANTHONY J | | | | 2. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|--|--|--|----------|---|--|--|-----|---|--|----------------------|---------------------|---|------------------------------------|---|---|--|--|----------|--|--|
| <u>LLT ANTHONT 5</u> | | | | | 3 Da | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | $\overline{}$ | X | Direct | | r 10% Owner | | | |
| (Last) (First) (Middle) | | | | | | 02/07/2005 | | | | | | | | X | below | , | | Other (s | | |
| 549 BALTIC WAY | | | | | | | | | | | | | | | Chairman, President & CEO | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| SUNNYVALE CA 94089 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | | Year) if | Execu ear) if any | | Deemed cution Date, ny nth/Day/Year) | | saction e (Instr. | | es Acquired (A) Of (D) (Instr. 3, 4 | | | Securit Benefic Owned | cially | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | | (Instr. | 4) | (Instr. 4) | |
| Common Stock | | | | 02/07/20 | 005 | | | | M | | 43,162 | . A | \$6 | .75 | 384,206 | | Ι |) | | |
| Common Stock | | | | 02/07/20 | 2005 | | | | M | | 46,838 | A | \$6 | .75 | 431,044 | | D | | | |
| Common Stock 02/07/20 | | | | | 005 | | | S | | 43,162 | D | \$11. | 5503 | 03 387,882 | | D | | | | |
| Common Stock 02/07 | | | 02/07/20 | 05 | | | | S | | 46,838 | D | \$11. | 1.5503 34 | | 1,044 | Ι |) | | | |
| | | T | able | II - Deriva (e.g., p | | | | | | | posed of convert | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu | eemed ution Date, th/Day/Year) | 4. Transactior Code (Instr 8) | | | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | of De Se (In | Price erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow Fo Dir or (I) 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amou or Numb of Shares | er | | | | | | |
| Right to buy | \$6.75 | 02/07/2005 | | | M | | | 43,162 | 04/0 | 3/1996 | 04/03/2005 | Common Stock | 43,16 | 52 | \$6.75 | 0 | | D | | |
| Right to buy | \$6.75 | 02/07/2005 | | | M | | | 46,838 | 04/0 | 3/1996 | 04/03/2005 | Common Stock | 46,83 | 38 | \$6.75 | 0 | | D | | |

Explanation of Responses:

Remarks:

/s/ Laura Donovan By: Laura 02/08/2005 Donovan, Attorney-in-Fact

** Signature of Reporting Person

Date

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

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.

^{*} 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).