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* VAN VALKENBURG DAVID R | | | | | 2. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|--|--|---|---------|--|--|-------|---|---------------------------------------|--|------------------|-------|---------------|---|--|--|--|--|------------|--|
| (Last) | ` | , | (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2011 | | | | | | | | | | Other (below) | | |
| 4300 NORTH FIRST ST. | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN JOS | SE C | CA 95134 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | Perso | on | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | y/Year) | Exec if an | Deemed cution Date, ly nth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (/ Disposed Of (D) (Instr. 3 and 5) | | | | Securi Benefi Owned | cially | For (D) Indi | irect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | | | | (A) or (D) | Price | Repor Transa | Following Reported Transaction(s) (Instr. 3 and 4) | | tr. 4) | (Instr. 4) | |
| Common Stock 02/15/20 | | | | | | 011 | | A | | 12,481(1) | | A | \$0.0 | 56,959 | | | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transac Code (In 8) | | on of | | 6. Date Ex Expiration (Month/Da | е | Amount of | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own Forr Dire or Ir (I) (I | Ownership Form: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | o N o | umber | | | | | | |
| Restricted Stock Units | \$0.00 | 02/15/2011 | | | M | | | 12,481 | 02/15/201 | 1 0 | 2/15/2011 | Comr | | 2,481 | \$0.00 | 0 | | D | | |

Explanation of Responses:

1. These shares of common stock were acquired upon the vesting of restricted stock units on 2/15/2011. These restricted stock units were initially granted to the Reporting Person on 6/9/2010, and were identified on a Form 4 filed by the Reporting Person on 6/9/2010.

Remarks:

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

02/17/2011

Donovan

** 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.