FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| 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). 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* <u>Haltmayer Neven</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT] | | | | | | | | | k all application | able) | 10% Owner | | mer | |
|---|--------|------------|--|--|---|---|---|---|------------------|-----------------------|------------------------|-----------------|---|----------------------|--|---------------------------------------|-------------------------------------|-----------------------|--|
| (Last) 2590 ORC | (Firs | , | Middle) | | | ate of 03/20 | | st Transa | ction (M | tion (Month/Day/Year) | | | | X | below) | (give title SVP, Video F | | Other (specify below) | |
| (Street) SAN JOSE (City) | E CA | te) (Z | 5131 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filed by One Form filed by More Person | | | | | | | | | , , , , | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of | | | | | | | | | | | 7. Nature of | | | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ur) E | Execution Date, if any (Month/Day/Year) | | 3. 4. Securiti Transaction Disposed Code (Instr. 8) | | | | | | s Illy | Form | Direct I | Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) o | r Pr | rice | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | | |
| Common Stock 08/03/ | | | | 3/2021 | | | | М | | 25,000 | A | 4 | 3.14 | 193 | ,326 | | D | | |
| Common Stock 08/03/ | | | | 3/2021 | | S | | 25,000 | 1) D | | \$10 | 168,326 | | D | | | | | |
| | | T | | | | | | | , | • | osed of, convertib | | | _ | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion of Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | | Date, | 4. Transaction Code (Instr. 8) 5. Num of Operiva Securi Acquir (A) or Dispos of (D) 1, 3, 4 an | | vative irities ired r osed) (Instr. | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te of Securities | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | V | (A) | | Date Exercisa | able | Expiration Date | Title | or Nur of | ount mber ares | | | | | |
| Stock Option/Right to Buy | \$3.14 | 08/03/2021 | | | M | | | 25,000 | 02/15/20 | 017 | 03/14/2023 | Commor Stock | 25, | ,000 | \$3.14 | 0 | | D | |

Explanation of Responses:

1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 10, 2020.

Remarks:

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

08/04/2021

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.