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 [®] HARSHMAN PATRICK						2. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 549 BAI	(F LTIC WAY	irst)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2010									X Officer below)	(give title	and	Other (s below)		
(Street) SUNNYVALE CA 94089 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					tion	ion 2A. Deemed Execution Date, if any			3. 4. Securities Acquired Transaction Code (Instr. 8) Jopposed Of (D) (Instr. and 5)				ired (A) o	5. Amou Securiti Benefici Owned	int of es ally	Form: Direct ((D) or I Indirect (I) (. Nature f Indirect Seneficial Ownership
									Code	v	Amount	(A) c (D)	Price	Followin Reporte Transac (Instr. 3	ed tion(s)		·. 4) (1	instr. 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. Dee Executio if any (Month/		4. Transaction Code (Instr. 8)		of		6. Date Exercisab Expiration Date (Month/Day/Year)		e	Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	V (A) (D		(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	\$0.00 ⁽¹⁾	02/19/2010			A		15,000		(2)		(2)	Common Stock	15,000	\$0.00	15,000		D	
Restricted Stock Units	\$0.00 ⁽¹⁾	02/19/2010			A		105,000		(3)		02/15/2014	Common Stock	105,000	\$0.00	105,000)	D	
Stock Options (Right to Buy)	\$6.41	02/19/2010			A		195,000		02/15/2011	(4)	02/15/2017	Common Stock	195,000	\$6.41	195,000)	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of HLIT common stock.

2. The shares subject to these restricted stock units are scheduled to vest in full on May 14, 2010.

3. Twenty five percent of the shares subject to the restricted stock units are scheduled to vest on February 15, 2011, and twelve and one half percent of the restricted stock units are scheduled to vest on each of August 15, 2011, February 15, 2012, August 15, 2013, August 15, 2013 and February 15, 2014.

4. Twenty-five percent of the Shares subject to the Option are scheduled to vest twelve months after the Vesting Commencement Date, and one forty eighth of the Shares subject to the Option are scheduled to vest on the 15th day of each month thereafter.

Remarks:

<u>/s/ Laura Donovan By:</u> <u>Attorney-in-Fact Laura</u> <u>Donovan</u> ** Signature of Reporting Person

02/23/2010

** 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.