FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 [*] Bonasera Charles			2. Date of Event Requiring Statem (Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT]				
(Last) 549 BALT (Street) SUNNYV (City)		(Middle) 94089 (Zip)	- 11/06/2006		4. Relationship of Reporting Per (Check all applicable) Director X Officer (give title below) Vice President, Op	10% Own Other (spe below)	er 6.	Individual or Joir oplicable Line) X Form filed b Person	Date of Original Filed nt/Group Filing (Check by One Reporting by More than One Person
			Table I - Non	-Derivati	ive Securities Beneficial	y Owned			
1. Title of Security (Instr. 4)				1-	. Amount of Securities seneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
					e Securities Beneficially nts, options, convertible		s)		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisa Expiration Date (Month/Day/Year			te	d 3. Title and Amount of Secu Underlying Derivative Secu 4)		4. Conversio	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Expiration Date	n Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Laura Donovan By Attorney in Fact: Laura <u>Donovan</u>

11/06/2006

** 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 5 (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.