SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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 A Whalen D	•	orting Person [*]	2. Date of E Requiring S (Month/Day 08/02/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol <u>HARMONIC INC</u> [HLIT]				
(Last) 2590 ORCH (Street) SAN JOSE (City)	(First) IARD PARK CA (State)	(Middle) XWAY 95131 (Zip)			4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	10% C	wner (specify	A Person	/Year) pint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owne Form: I (D) or II (I) (Inst	Direct O ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
, , ,		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)		4. Conversion or Exercis	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
I I I I I I I I I I I I I I I I I I I			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	or Security Number of	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

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

Donovan

08/04/2021

** 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.