FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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>Dev Indraneel</u>			2. Date of Event Requiring Statement (Month/Day/Year) 07/19/2024 3. Issuer Name and Ticker or Trading Symbol HARMONIC INC [HLIT]							
(Last) 2950 ORCH (Street) SAN JOSE (City)		(Middle) RKWAY 95131 (Zip)					wner (Specify Filed (Month/Day/Year) 6. Individual or Joint/Group F (Check Applicable Line)		/Year) pint/Group Filing te Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. I)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		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 Secu Underlying Derivative Secu (Instr. 4)		4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

Wendi Ninh, Attorney-in-

Fact

** Signature of Reporting

Person

Date

07/24/2024

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.