Instruction 1(b).

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiniigtori,	D.C.	20343

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average burden								
-	haura nar raananaa.	1.0							

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g., pl 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) or Dispo	Number 6. Dat Expirition (Mont Quirted or Sposed D) str. 3, 4 15)		otions, convertib		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares		8. De Se (In	8. Price of Derivative Security (Instr. 5)  Beneficial Owned Following Reported Transacti (Instr. 4)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Ta	ble II - Derivat										wned				
Class A Common Stock													805			I I	(2)
Class A C	lass A Common Stock 12					A <sup>(1)</sup>			10	A	\$24.9	\$24.97		116		D	
Class A C	ommon Sto	ck	09/30/2010			A <sup>(</sup>	1)		10	A	\$19.0	\$19.08 106 D					
Class A C	ommon Sto	ck	06/30/2010	.0 A <sup>(1)</sup> 10 A \$19.08 96 D				D									
Date (Month/Day/Year)			if any		Code (Instr. 8)		Amour	,	(A) or (D)	Price	_	Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
1. Title of Se	2A. Deemed	2A. Deemed 3.			ed, Disposed of, or Benefic 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				_	5. Amou	nt of	of 6.		. Nature of			
(Sity)	(511			ative Sec	uritia	-S Δc	auira	ad Die	snosed i	of or	Renefic	ially	, Ονισε	·d			
(City)	(Sta	ate) (2	Zip)									Form filed by More than One Reporting Person					
(Street) ENGLEV	VOOD CC	8	0112	7. 117 (1101)	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
				4 If Amen	dment	Date	of Orio	inal File	ed (Month/F	av/Yea	ır)	6 Ind	lividual o	r .loint/Gro	un Filii	na (Check 4	Applicable
(Last) (First) (Middle) 100 INVERNESS TERRACE E.				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010						/Year)	X	Office	er (give title v) CEO aı		below	(specify )	
1. Name and Address of Reporting Person* <u>DUGAN MICHAEL T</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol EchoStar CORP [ SATS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					Owner	
Form 4	Transactions R	eported.	File	_	30(h)	of the	Ínvest	ment C	ompany Ac								
Form 3	Holdings Repo	rted.												liida	15 pci i	езропос.	1.0

## **Explanation of Responses:**

1. Award granted for no consideration to Reporting Person under the Company's innovator recognition program, which is available to all eligible employees of the Company.

## Remarks:

Michael T. Dugan, by Brandon Ehrhart, his Attorney in Fact

02/14/2011

\*\* 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.

<sup>2.</sup> By 401(K).