Instruction 1(b)

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours nor response.	0.5								

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* DUGAN MICHAEL T						2. Issuer Name and Ticker or Trading Symbol EchoStar CORP [SATS]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DUUA	IN IVIICII	ALL I												X	Directo	or		10% Ow	ner
(Last) (First) (Middle) 100 INVERNESS TERRACE EAST						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2013								X	Officer (give title below)			Other (s below)	pecify
					00										CEO and President				
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check App Line)					licable
ENGLEWOOD CO 80112													X	Form filed by One Reporting Person					
(City) (State) (Zip)				-										Form filed by More than One Reporting Person					
(0.9)		<u> </u>		n-Deri	vativ	9 500	rurit	ies Ac	nuired	Dis	nosed o	of or Re	nefic	ially	Owned				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				action	tion 2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			or 5. Amou and 5) Securiti Benefic Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	e	Transact	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)
Class A Common Stock 08/13/2					3/2013	013		M		25,000	A	\$2	0.14	25,	5,146		D		
Class A Common Stock 08/13/2				3/2013	013			S		25,000	D	\$43	3.89(1)	1	146		D		
Class A Common Stock													1,	,273			By 401(k)		
		-	Table II -								osed of, convertil				wned				•
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		ansaction de (Instr.		of		6. Date Exercis Expiration Dat (Month/Day/Ye		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		D S	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
Employee Stock Option (Right to	\$20.14	08/13/2013			М			25,000	(2)		12/31/2019	Class A Common Stock	25,0	000	\$0	630,20	0	D	

Explanation of Responses:

- 1. The price reported is the weighted average price. The shares reported in this transaction were sold at prices ranging between \$43.85 and \$43.96. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the indicated range.
- 2. The shares underlying the option vest at the rate of one-third per year, commencing on December 31, 2010.

Remarks:

/s/ Katherine M. Hanna, his Attorney-in-Fact

08/15/2013

** 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.