FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

| OMB APPROVAL | | | | | | | | | |
|--------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |

Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* <u>CARROLL KENNETH G</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol EchoStar CORP [SATS] | | | | | | | | | | Relationship eck all appli Directo | cable) | g Per | son(s) to Iss 10% Ov Other (s | vner | | |
|---|--|--|--|------------|--|---|-----|-------|-------------------------------|---------------------------------|-------|------------|--|---------------|--|---|---|-------------------------------------|--|---------------------------------------|--|
| (Last) | , | First) ΓERRACE EAST | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2014 | | | | | | | | | | helow) | .0 | Bus l | below) Developm | · | |
| (Street) | WOOD C | CO | 80112 | | - 4. II | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ar) | Lin | individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (: | | (Zip) | | | | | | | | | | | | | | | | | | |
| | | | le I - No | | | _ | | | ÷ | | Dis | | | | | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transa Code (I 8) | | | | | | Benefic | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | [| Code | v | Amount | | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Class A Common Stock | | | 11/17 | 11/17/2014 | | | | | M | | 6,000 |) | A | \$19.0 | 8, | 337 | | D | | | |
| Class A C | Common S | tock | | 11/17 | 7/2014 | 4 | | | | S | | 6,000 |) | D | \$49.8 | 7 2, | 337 | D | | | |
| Class A C | Class A Common Stock | | | | | | | | | | | | | | | 5 | 501 | | | By 401(k) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | n of | | Date Exe piration onth/Da | Date | nble and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ully | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | te ercisabl | | expiration | Title | 1 | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to | \$19.08 | 11/17/2014 | | | M | | | 6,000 | | (1) | 0 | 9/30/2020 | Clas Com Sto | mon | 6,000 | \$0 | 42,000 |) | D | | |

Explanation of Responses:

1. The shares underlying the option vest at the rate of 20% per year, commencing on September 30, 2011.

Remarks:

Katherine M. Hanna, his 11/19/2014 attorney-in-fact

** 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.