FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549	

- 1	OIVID / II T TO V/ IL									
	OMB Number:	3235-0287								
	Estimated average bu	ırden								
	hours per response:	0.5								

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* Federico Anthony M					2. Issuer Name and Ticker or Trading Symbol EchoStar CORP [ SATS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						terz .	00111	_ [ 0111	٠,				X Direc	tor		10% Ov	/ner		
(Last) 100 INV	(First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2017								er (give title		Other (s below)	pecify	
100 III I EIGI EIGI EIGI						A If Amandment Date of Original Filed (Manth/D-::N/)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)		_   4. '	4. If Amendment, Date of Original Filed (Month/Day/Year)									e)							
,	WOOD C	0	80112											X Form filed by One Reporting Person					
LIVOLL	WOOD C				-										Form filed by More than One Reporting Person				
(City)	(5	State)	(Zip)																
		Tak	ole I - No	n-Deri	ivativ	e Se	curit	ties A	cquire	l, Di	sposed o	f, or Be	neficial	ly Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date, y/Year) if any			Code (Instr.				5) Securi Benefi Owned	Securities Fe Beneficially (I Owned Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
		Code	v				Amount	(A) or (D)	Price		ed ction(s) s and 4)			(Instr. 4)					
Class A Common Stock 05/12/2					2/2017				М		5,000	A	\$26.4	2	5,146		D		
Class A Common Stock 05/12/2				2/2017	2017		S		5,000	D	\$56.36	(1)	146		D				
			Table II	- Deriv	ative	Secu	ıritie	es Acc	quired,	Dis	posed of,	or Bene	eficially	Owned			<u> </u>		
				(e.g.,	puts,	calls	s, wa	arrant	s, opti	ons,	convertil	ble secu	rities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	n Date,		ransaction ode (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						
Non- Employee Director Stock	\$26.42	05/12/2017			М			5,000	06/30/20	12 <sup>(2)</sup>	06/30/2017	Class A Common Stock	5,000	\$0	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 \$55.65 and \$56.90. 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 were 100% vested upon the date of grant.

## Remarks:

/s/ Joseph Turitz, his Attorneyin-Fact

05/16/2017

\*\* 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.