FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | |
|-------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burde | en | | | | |
| hours per response: | 0.5 | | | | |

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

| | , (i). | | | | | | | | Investmen | | | | 1934 | | | | | | |
|---|---|--|--|--|---|-------------------------|-----------------------------------|-----|---|--|--|---|---------------------------|---|---|--|---|---|---|
| 1. Name and Address of Reporting Person* ERGEN CHARLES W | | | | <u>E</u> | 2. Issuer Name and Ticker or Trading Symbol ECHOSTAR COMMUNICATIONS CORP [DISH] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | | |
| (Last) (First) (Middle) 9601 SOUTH MERIDIAN BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | below) | Officer (give title below) Chairman and | | | specify | |
| (Street) ENGLEWOOD CO 80112 | | | 4. | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting | | | | | | | | | | | | | | | |
| (City) | (: | State) | (Zip) | | | | •.• | | | | | | | | Person | | | | |
| Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | nsactio | ction 2A. Deemed Execution Date, | | 3. Transa Code (I | 3. Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | or 5. Amour Securitie Beneficia Owned F | | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct Indirect | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | Price Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| | | | Table II - | | | | | | uired, D s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/) | ate, Tra | 4. Transa Code (8) | | Derivative E | | Expiration | 6. Date Exercisa Expiration Date (Month/Day/Year | | of Securitie | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amo or Num of Si | | | Transacti (Instr. 4) | on(s) | | |
| Employee Stock Option (Right to Buy) | \$30.75 | 06/30/2004 | | | A | | 400,000 | | (1) | 0 | 6/30/2014 | Class A Common Stock | 400 | ,000 | \$0 | 400,00 | 00 | D | |
| | nd Address o | of Reporting Person* | | , | | | | , | | , | | , | | | , | , | | | • |
| (Last) 9601 SO | OUTH MEF | (First) RIDIAN BOULE | (Middl VARD | e) | | | | | | | | | | | | | | | |
| (Street) | WOOD | СО | 80112 | 2 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | |

Explanation of Responses:

ENGLEWOOD

1. Name and Address of Reporting Person*

(First) 9601 SOUTH MERIDIAN BOULEVARD

CO

(State)

ERGEN CANTEY

1. The shares underlying the option vest at the rate of 20% per year, commencing on June 30, 2005.

Remarks:

(Last)

(Street)

(City)

Charles W. Ergen **Cantey Ergen**

07/01/2004 07/01/2004

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Middle)

80112

(Zip)

- * 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. | |
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