FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per 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*						2. Issuer Name and Ticker or Trading Symbol DISH Network CORP [DISH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>DEFRANCO JAMES</u>						DISTITUTE CORE [DISTI]									X	Direc	ctor		10% C	wner			
(Last) (First) (Middle) 9601 S. MERIDIAN BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 07/16/2018										X	belov	,	Other (specify below) ice President					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
ENGLEWOOD, CO 80112															X Form filed by One Reporting Person								
(City)	(SI	tate) (Zip)													Form filed by More than One Reporting Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
Date					ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secur Benef Owne		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D) Prid		Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(msu. 4)					
Class A Common Stock 07/						5/2018					5,000		A	\$3	32.99 1,3		168,529]	D				
Class A Common Stock														1,250,000			I	I (2)					
Class A Common Stock															1,905,059			I	I ⁽³⁾				
Class A Common Stock																5	0,000		I	I ⁽⁴⁾			
Class A Common Stock														19,827			I	I ⁽⁵⁾					
	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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		n of E		6. Date E Expiratio (Month/D	n Dat		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or I (I) (nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V		(A)		Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares										

Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a 10b5-1 trading plan.
- $2. \ \ The \ shares \ are held by the reporting person as a general partner of a limited partnership.$
- 3. The shares are held by the reporting person as a general partner of a different limited partnership.
- 4. The shares are held by the reporting person in an irrevocable trust for the benefit of the reporting person's children and grandchildren. The reporting person disclaims beneficial ownership of the shares.
- 5. By 401(k).

Remarks:

/s/ James DeFranco, by

Brandon Ehrhart, his Attorney 07/18/2018

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.