FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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OMB APP	ROVAL
OMB Number:	3235-0287

Section obligati	this box if no lo 116. Form 4 or ons may contir ion 1(b).		STAT		ed pursuar	nt to S	ectio	on 16(a) (of the Se	curitie	es Exchang	ge Act	of 193		SHIP	Esti		nber: d average burd response:	3235-0287 en 0.5
1	d Address of N CHARI	Reporting Person*			2. Issu	er Nar	me a	ı nd Ticke	er or Trac	ling S					X Dire	plicable)		Person(s) to Is	
(Last) 9601 S. N	(Fi MERIDIAN	•	(Middle)		3. Date 03/07/			t Transa	ction (Mo	onth/E	Day/Year)				X belo	w) ``		below)	
(Street)	VOOD CO) ;	80112		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting									
(City)	(St	•	(Zip)												Pers				
			le I - Nor			1			_	Disp	1				ally Own		_		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)			nd Secur Benef Owne	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	() (I	A) or O)	Price	Trans	action(s) 3 and 4)			(111501.4)
Class A C	Common Sto	ock		03/0	7/2006				A ⁽¹⁾		125		Α	(2)) 2	14,027		D	
Class A C	Common Sto	ock		03/0	7/2006				A ⁽¹⁾		125		Α	(2))	235		I	I ⁽³⁾
Class A C	Common Sto	ock													3	50,000		I	I ⁽⁴⁾
Class A C	Common Sto	ock													1	6,800		I	I ⁽⁵⁾
Class A C	Common Sto	ock													1	8,408		I	I(6)
Class A C	Common Sto	ock														922		I	I ⁽⁷⁾
		Ta									sed of, o				y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transactic Code (Ins 8)	on contr. 5	5. Nui of Deriva	mber (interpretation of the control	5. Date Expiration Expiration Month/Da	cercisa 1 Date	able and	7. Titl Amou Secui Unde Deriv	e and int of rities rlying ative rity (Ins		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V	((A)		Date Exercisal		Expiration Date	Title	Amo or Nun of Sha						
1	d Address of N CHARI	Reporting Person*																	
(Last) 9601 S. M	MERIDIAN	(First)	(Midd	lle)															

(Last)	(First)	(Middle)				
9601 S. MERIDIA	AN BLVD.					
(Street)						
ENGLEWOOD	CO	80112				
(City)	(State)	(Zip)				
1. Name and Address ERGEN CAN						
(Last)	(First)	(Middle)				
9601 S. MERIDIA	AN BOULEVARD					
(Street)						
ENGLEWOOD	CO	80112				
(City)	(State)	(Zip)				

- 1. Award granted for no consideration to all eligible employees upon achievement of a Company milestone.
- 2. Not applicable.
- 3. Held by Ms. Cantey Ergen.
- 4. Held by a Grantor Retained Annuity Trust ("GRAT"). The reporting persons disclaim beneficial ownership of the shares, except to the extent of their pecuniary interest therein.
- 5. The shares are held by a custodian for the reporting persons' minor children. The reporting persons disclaim beneficial ownership of the shares, except to the extent of their pecuniary interest therein.
- 6. Held by Mr. Charlie Ergen in a 401(k) account.
- 7. Held by Ms. Cantey Ergen in a 401(k) account.

Remarks:

/s/ Charles W. Ergen by Robert 03/17/2006 Rehg, his Attorney in Fact /s/ Cantey M. Ergen by Robert 03/17/2006 Rehg, his 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.