FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

CLAYTON JOSEPH P			. Date of Event Requiring Staten Month/Day/Year 0/07/2008	nent	3. Issuer Name and Ticker or Trading Symbol EchoStar CORP [ SATS ]							
(Last) (I	First)	(Middle)	25.67/2000			tionship of Reporting Perso all applicable)	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) ENGLEWOOD		80112			X	Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (	State)	(Zip)								. toporting i		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expiration		Expiration Da	Date Exercisable and piration Date onth/Day/Year)		d 3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise Price of	sion cise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratior Date	n Title	,	Amount or Derivat Securit Number of Shares		ve	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

/s/ Joseph P. Clayton, by

Brandon Ehrhart, his Attorney 10/16/2008

in Fact

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

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.

<sup>\*\*</sup> Signature of Reporting Person Date

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).