FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | S IN BENE | FICIAL O | WNERSHIP | 2 |
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| | OMB APPI | ROVAL |
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| | OMB Number: | 3235-028 |
| 1 | Estimated average h | urden |

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* DUGAN MICHAEL T (Last) (First) (Middle) 9601 S. MERIDIAN BLVD. (Street) | | | | | 3. C 02/ | 2. Issuer Name and Ticker or Trading Symbol ECHOSTAR COMMUNICATIONS CORP [DISH] 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2007 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | P (CI | Neck all ap X Dire Offi belee ndividual | plicable ector cer (give bw) Chief T | or 109 $_{ m Y}$ Oth | | | ner |
|--|---|------------|--|--|--|---|--------|--------------|---|--|------------------|--|---------------|--|--|---|--|------------------------------|--|--|
| ENGLEWOOD CO 80112 (City) (State) (Zip) | | | | | - | | | | | | | | | | For | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | /ative | e Se | curiti | ies Ac | quired, | Dis | posed o | of, o | r Ben | eficia | ly Owr | ed | | | | |
| 1. Title of Security (Instr. 3) | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securiti Benefic | | ies For ially (D) Following (I) (I | | irect direct I | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tran | action(. 3 and | | | | Instr. 4) |
| Class A C | Common S | ock | | 02/07 | 7/2007 | | | | M ⁽¹⁾ | | 5,000 | 0 | A | \$6 | | 5,430 | | D | | |
| Class A C | Common S | ock | | 02/07 | 7/2007 | /2007 | | | | | 5,000 | 0 | D | \$42.4 | 17 | 430 | 430 | | | |
| Class A C | Common S | ock | | | | | | | | | | | | 2,925 | | I | | (2) | | |
| | | 7 | able II - | | | | | | uired, E s, optio | | | | | | / Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactior Code (Instr 8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price Derivati Security (Instr. 5) | der Sed Ber Ow Fol Rep Tra | Number of rivative curities neficially med llowing ported unsaction(str. 4) | Ow Fo Dir or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal: | | xpiration ate | Title | | Amount or Number of Shares | | | | | | |
| Employee Stock Option | \$6 | 02/07/2007 | | | M ⁽¹⁾ | | | 5,000 | (3) | 0 | 2/17/2009 | Clas Com | nmon | 5,000 | \$0 | | 20,666 | | D | |

Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. By 401(k).
- $3. \ The \ shares \ underlying \ the \ option \ vested \ at \ the \ rate \ of \ 20\% \ per \ year, \ commencing \ on \ March \ 31, \ 2000.$

Remarks:

/s/ Michael T. Dugan, by

02/09/2007 Brandon Ehrhart, 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.