FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Wood Stephen W (Last) (First) (Middle)					3. C	2. Issuer Name and Ticker or Trading Symbol DISH Network CORP [DISH] 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2010									Director Officer below)	cable) or (give title	10% Owner		vner
9601 S. MERIDIAN BLVD. (Street) ENGLEWOOD CO 80112					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person				·
(City)			(Zip)		-										Form Perso	filed by Moi n	re than	One Repo	rting
		Tab	le I - No	n-Deri\	/ative	Se	curit	ies Ad	cquired	l, Di	sposed	of, or	Ben	eficial	ly Owne	d			
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dis		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	: ((A) or (D) Pr		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Stock			11/05)5/2010				M ⁽¹⁾		7,50	7,500		\$9.09	7,	7,595		D		
Class A Common Stock		11/05/2010					M ⁽¹⁾		5,00	00	A	\$14.2	1 12	12,595		D			
Class A Common Stock		11/01/2010					S ⁽¹⁾		12,5	00	D	\$21		95		D			
Class A Common Stock														498		I	[⁽²⁾		
		7	able II -	Deriva (e.g., p	tive S	Sec call	uritie s, wa	s Acc arrants	uired, s, optic	Disp ons,	osed o	f, or E	Benef secur	ficially ities)	Owned				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Dat urity or Exercise (Month/Day/Year) if any		Date,	4. Transactio Code (Inst		on of E		Expirati	6. Date Exercisa Expiration Date (Month/Day/Yea		r) Amou Secui Unde Deriv		Title and mount of ecurities nderlying erivative Security nstr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	0 N	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$9.09	11/05/2010			M ⁽¹⁾			7,500	(3)		03/31/2017	Clas Comi Sto	mon	7,500	\$0	277,50	1	D	
Employee Stock Option (Right to	\$14.21	11/05/2010			M ⁽¹⁾			5,000	(4)		06/30/2019	Clas Com	mon	5,000	\$0	85,000)	D	

Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10B5-1 trading plan.
- 2. By 401K.
- 3. The remaining portion of the grant is subject to achievement of certain performance criteria prior to December 31, 2015 and will vest based on achievement of such criteria. The performance criteria are not tied to the market price of the Issuer's securities
- $4. \ The \ shares \ underlying \ the \ option \ vest \ at \ the \ rate \ of \ 20\% \ per \ year, \ commencing \ on \ June \ 30, \ 2010.$

Remarks:

/s/ Stephen W. Wood, by

11/09/2010 Brandon E. 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.