## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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<b>STATEMENT</b>	<b>OF CHANGES IN</b>	BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
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

1. Name and Address of Reporting Person* <u>CARROLL KENNETH G</u>					2. II Ec	2. Issuer Name and Ticker or Trading Symbol EchoStar CORP [ SATS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last)	,	First) ΓERRACE EAST	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015								X Officer (give title Other (specify below)  EVP of Corp & Bus Development					
,	WOOD C		80112		-   4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	-	(Zip)	n-Deriv	,ative		curiti	ies Ac	nuired	Die	nosed (	of or	Bor	oficial	ly Owne	ıd.			
1. Title of Security (Instr. 3)		2. Trans	action 2A Ex Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Transaction Di Code (Instr. 5)		4. Secur	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)		1	Instr. 4)
Class A Common Stock 12/31				1/2015	/2015			М	М		0	A	\$0	9	694 <sup>(1)</sup>		D		
Class A C	ss A Common Stock 12			12/31	1/2015	2015			F		1,28	0	D	\$39.1	.1 8	8,414		D	
Class A Common Stock														596 <sup>(2)</sup>			By 401(k)		
		Т	able II -								osed of converti				Owned				
Derivative Conversion Date Executiv Security or Exercise (Month/Day/Year) if any			3A. Deem Execution if any (Month/Da	Date,	Date, Transaction Code (Instr		n of E		6. Date Exercisa Expiration Date (Month/Day/Year		!	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares					
Restricted Stock Unit	\$0 <sup>(3)</sup>	12/31/2015			M			4,000	(4)		(4)	Class Comm Stock	on	4,000	\$0	4,000		D	

## **Explanation of Responses:**

- 1. Includes 545 shares acquired under the Company's employee stock purchase plan.
- 2. Between February 18, 2015 and December 31, 2015, the reporting person acquired 95 shares under the Company's 401(k) plan.
- 3. Each restricted stock unit represents the right to receive one share of Class A Common Stock.
- 4. On December 31, 2011, the reporting person was granted 20,000 restricted stock units. The shares underlying the restricted stock units vest at the rate of 20% per year, commencing on December 31,2012. Pursuant to the terms of the reporting person's restricted stock unit agreement, on December 31, 2015, 4,000 of the reporting person's restricted stock units vested and were settled for an equal number of shares of Class A Common Stock.

## Remarks:

/s/ Dean A. Manson, his 01/05/2016 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.