FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	DMB Number: 3235-0104						
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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

CRONAN THOMAS L III	Date of Event Requiring Statement Month/Day/Year) 15/04/2009		3. Issuer Name and Ticker or Trading Symbol Harris Stratex Networks, Inc. [HSTX]							
(Last) (First) (Middle) RESEARCH TRIANGLE PARK			. Relationship of Reporting Perso Check all applicable) Director	10% Owne	er (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)				
637 DAVIS DRIVE			X Officer (give title below) Chief Financial C	Other (spe below) Officer	App	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
MORRISVILLE NC 27560						Form filed by Reporting P	y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Amount of Securities neficially Owned (Instr. 4)			. Nature of Indirect Beneficial Ownership Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise Price of	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		opiration ate	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

No securities are beneficially owned.

/s/ Meena Elliott, attorney in fact for Thomas L. Cronan III

05/06/2009

Date

** Signature of Reporting Person

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).