FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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>EVANS ERIC C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIAT NETWORKS, INC. [AVNW] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| | RESEARCH TRIANGLE PARK | | | | | | of Earliest | t Tran | saction (Mo | onth/E | Day/Year) | | | Officer (give title below) | | Other (s | | | | |
| 637 DAVIS DRIVE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MORRISVILLE NC 27560 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | Se | curitie | s Ac | quired, | Disp | osed o | of, or Be | neficia | lly Owne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Code (I | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | Benefic Owned | es Formially (D) Following (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 04/19/3 | | | | | 9/2010 | 2010 | | | A | | 4,457 | 7 ⁽¹⁾ A | | 30 | 30,591 | | D | | | |
| | | 7 | | | | | | | uired, Di s, option | | | | | y Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | cise (Month/Day/Year) ve | 3A. Deeme Execution if any (Month/Da | Date, Trans | | ection Instr. | of E | | Expiration | 5. Date Exercisa Expiration Date Month/Day/Year | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$6.73 | 04/19/2010 | | | A | | 8,720 | | (2) | 04 | 4/19/2017 | Common Stock | 8,720 | \$0 | 8,720 |) | D | | | |

Explanation of Responses:

- 1. 100% of the shares subject to the award shall vest on January 26, 2011, contingent upon Board service as of such date, subject to pro rata vesting in the event of death prior to full vesting.
- 2. The option shall vest 100% on January 26, 2011, contingent upon Board service as of such date, subject to pro rata vesting in the event of death prior to full vesting.

Remarks:

/s/ Meena Elliott, VP, General
Counsel and Secretary, on 04/21/2010
behalf of Eric C. Evans

** 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.