SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

1. Name and Ad	. Date of Event Requiring Staten Month/Day/Year 11/12/2015	nent	3. Issuer Name and Ticker or Trading Symbol AVIAT NETWORKS, INC. [AVNW]								
(Last) (First) (Middle) 5200 GREAT AMERICA PARKWAY					4. Relationship of Reporting Perso (Check all applicable) X Director		n(s) to Issue 10% Owne	(Mc	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SANTA CLARA (City)	CA (State)	95054 (Zip)				Officer (give title below)	Other (spe below)	App	licable Line) K Form filed b	t/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						100,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiratio (Month/D Date			2. Date Exerc Expiration Da (Month/Day/)			3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise	Form:	(Instr. 5)	
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Remarks:

/s/ John Mutch

<u>01/21/2015</u> Date

** Signature of Reporting Person 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 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).

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.