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 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \neg | 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* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIAT NETWORKS, INC. [AVNW] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| MCFall | IcFall Shaun AVIAI NE | | | | | | | | | | <u></u> [11/1/ | 1 | | | | Director | 10% | Owner | | |
| , , , , , , , , , , , , , , , , , , , | | 3. 0 | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | Officer (give title below) | Other below | (specify | | | | | |
| (Last) | (Fi | , | Middle) | | | 10/23/2018 | | | | | | | | | S | VP & Chief N | Aarketing Off | icer | | |
| 860 N. MCCARTHY BLVD., SUITE 200 | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| • | | | 95035 | | | | | | | | | | | , | , | | | | | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporti Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ılly Oı | vned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution I | | | Code (| Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | (A) or 3, 4 an | d Se Be | Amount of ecurities eneficially wned Following eported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | Tr | ansaction(s) estr. 3 and 4) | | (mour 4) | | |
| Common | Stock | | | 10/23 | 3/2018 | В | | | F | | 2,724 | 1) | D | \$15. | 84 | 37,277 | 37,277 D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) of ative | 3A. Deemed Execution Date, if any (Month/Day/Year) | n Date, | 4. Transactic Code (Inst 8) | | | | 6. Date E Expiratio (Month/D | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | ount | 8. Price Derivat Securit (Instr. 5 | ive derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Represents shares withheld solely to cover taxes on the vesting of a restricted stock unit.

Remarks:

/s/ Eric Chang, VP, Controller & POA on behalf of Shawn

10/24/2018

McFal

** 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.