FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average t | ourden | | | | | | | | |

0.5

hours per response:

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 7 | | | | | | | | |
|--|---|--|---|---------|--|--|------------------------|----------|--|----------------|--------------------|---|--|---|---|-----------------------------|---|--|--|
| 1. Name and Address of Reporting Person* Stumpe Heinz | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIAT NETWORKS, INC. [AVNW] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| <u> Зишре пешz</u> | | | | | | | | | | | | - | | | | irector | 10% (| | |
| (1 a a t) | (Fi | rot) / | Middle | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | 7 | | fficer (give title elow) | below | (specify | |
| (Last) (First) (Middle) 5200 GREAT AMERICA PARKWAY | | | | | | 09/03/2013 | | | | | | | | | SVP & Chie | f Sales Office | r | | |
| 5200 GR | EAI AMEI | RICA PARKWA | Y | | | | | | | | | | | | | | | | |
| (Street) | Street | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| ` ' | CLARA CA | Α 9 | 5054 | | | | | | | | | | | - 1 | , | orm filed by One | e Reporting Pers | son | |
| | | | | | | | | | | | | | | F | Form filed by More than One Reporting | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Р | erson | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, or I | 3ene | ficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | Transaction Disposed (| | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | | 5) Sed Bed Ow | Amount of curities neficially ned Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount (A) (D) | | | Price | Tra | nsaction(s) str. 3 and 4) | | (111341.4) | | |
| Common Stock 09/03/20 | | | | 2013 | | S | | 35,577(1 |)] | D \$2.5 | | 69 | 171,251 | D | | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owne | ed | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 3. Price (Derivativ Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | of Sha | | | | | | |

Explanation of Responses:

1. Represents shares sold solely to cover taxes on the vesting of a restricted stock award.

Remarks:

/s/ Meena Elliott, SVP, General
Counsel, Secretary on behalf of 09/03/2013
Heinz Stumpe

** 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.