FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | burden | | | | | | | |

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(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|--|------|----------|---|---|---|--|--|---------|-----------|---|---------------|-------|--------------------|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* Stumpe Heinz | | | | 2. Issuer Name and Ticker or Trading Symbol AVIAT NETWORKS, INC. [AVNW] | | | | | | | | | | | | p of Reportin blicable) ctor | • | s) to Is | | |
| (Last) (First) (Middle) 5200 GREAT AMERICA PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2015 | | | | | | | | | | belov | , | l | Other (spec below) Sales Officer | | |
| (Street) SANTA CLARA CA 95054 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indivi ne) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | r) E | A. Deemed Recution Date, any lonth/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount (A | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (111501. 4) | |
| Common Stock 10/23 | | | | 10/23/ | 2015 | | | | A | | 109,773 ⁽¹⁾ A | | A | \$ | 221,410 | | 21,410 | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | n Date, | 4. Transaction Code (Instr. 8) | | of Deriv | rities iired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. 100% of the shares subject to the award shall vest three years from the grant date, contingent upon continued employment.

Remarks:

/s/ Heinz Stumpe

10/23/2015

** 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.