FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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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 Address of Reporting Person* Khemka Vivek						2. Issuer Name and Ticker or Trading Symbol DISH Network CORP [DISH]									k all app Dired	olicable) ctor		Owner	
(Last) (First) (Middle) 9601 S. MERIDIAN BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 03/20/2018								X Officer (give title Other (specify below) EVP & Chief Technology Officer					
(Street) ENGLEWOOD, CO 80112 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - No	on-Deriv	ative/	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or E	Benefi	cially	Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			and 5) Securi Benefi Owned		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) o (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A C	Common Sto	ock		03/20/	2018				M ⁽¹⁾		5,000	A	\$1	9.21		6,223	I	I ⁽²⁾	
Class A C	Common Sto	ock		03/20/	2018				M ⁽¹⁾		1,000	A	\$	36.4		I	I ⁽²⁾		
Class A C	Common Sto	ock		03/20/	2018				S ⁽¹⁾		6,000	D	\$39	9.03 ⁽³⁾	.03 ⁽³⁾ 1,223 I				
Class A C	Common Sto	ock													1,397 ⁽⁴⁾ D				
Class A C	Common Sto	ock												813 I I ⁽⁵⁾					
Class A C	Common Sto	ock												568 I I ⁽⁶⁾					
		Та	ble II -								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any							6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shares							

Explanation of Responses:

- 1. The transactions reported on this Form 4 were executed by the reporting person's spouse for expiring employee stock options in her account.
- 2. Held by the reporting person's spouse.
- 3. Based on a weighted average sales price. The shares reported in this transaction were sold at prices ranging from \$39.02 to \$39.04. Information regarding the number of shares sold at each separate price will be made available upon request by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer.
- 4. Includes shares acquired under the Company's Employee Stock Purchase Plan.
- 5. By 401(k).
- 6. Held by the reporting person's spouse by 401(k).

Remarks:

/s/ Vivek Khemka, by Brandon Ehrhart, his Attorney in Fact ** Signature of Reporting Person

03/22/2018

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.