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Form 4 May 23, 201										
FORM	4				~			OMB AF	PROVAL	
UNITED STATES SECUN				RITIES AND EXCHANGE COMMISSION shington, D.C. 20549				OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Filed pursuant to S		suant to Sect	HANGES IN SECUI	BENEFI RITIES ne Securit	(CIA) ies E	xchange	e Act of 1934,	Expires: Estimated a burden hour response		
may cont See Instr 1(b).	tinue. Section 17(a		lic Utility Hol the Investmen	•	· ·		1935 or Sectior	1		
(Print or Type]	Responses)									
1. Name and A Olson Robe	mbol	ner Name and Ticker or Trading Network CORP [DISH]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	Aiddle) 3.	Date of Earliest T	ransaction	_		(Check	k all applicable)		
9601 S. ME	onth/Day/Year) /21/2012	-				Director 10% Owner X Officer (give title Other (specify below) below) EVP and CFO				
ENGLEWO	(Street) DOD, CO 80112		If Amendment, D ed(Month/Day/Yea	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	one Reporting Per	rson	
(City)	(State)	(Zip)	Table I - Non-	Derivative	Securi	ties Acqu	iired, Disposed of.	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. te, if Transacti Code	4. Securit on(A) or Di (Instr. 3, 4	ies Ac sposed	equired l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Class A Common Stock	05/21/2012		M <u>(1)</u>	60,000	А	\$ 12.21	60,000	D		
Class A Common Stock	05/21/2012		S <u>(1)</u>	60,000	D	\$ 28.5 (2)	0	D		
Class A Common Stock							537	Ι	I <u>(3)</u>	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transactio Code (Instr. 8)	5. Number of actionDerivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 12.21	05/21/2012		M <u>(1)</u>	e	50,000	<u>(4)</u>	03/31/2017	Class A Common Stock	60,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Olson Robert E 9601 S. MERIDIAN BLVD. ENGLEWOOD, CO 80112			EVP and C	FO				
Signatures								
/s/ Robert E. Olson, by Brando Fact	n Ehrhart	, his Attorne	y in	05/23/2012				

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) The transactions reported on this Form 4 were effected pursuant to a Rule 10B5-1 trading plan.

Based upon a weighted average purchase price. The shares reported in this transaction were sold at prices ranging between \$28.27 and(2) \$28.67. 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.

- (3) By 401(k).
- (4) The grant is subject to achievement of certain performance criteria prior to December 31, 2015 and will vest based on achievement of such criteria. The performance criteria are not tied to the market price of the Issuer's securities.

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.