

EchoStar CORP
 Form 3
 December 07, 2009

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | | |
|---|---------|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person * | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| Â Ergen Two-Year 2009 SATS GRAT | | (Month/Day/Year) | EchoStar CORP [SATS] | |
| (Last) | (First) | 11/30/2009 | | |
| 400 INVERNESS PARKWAY, SUITE 250 | | | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) | | | (Check all applicable) | |
| ENGLEWOOD,Â COÂ 80112 | | | ___ Director | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| (City) | (State) | | ___ Officer | ___X___ Form filed by One Reporting Person |
| | (Zip) | | (give title below) | ___ Form filed by More than One Reporting Person |
| | | | ___ 10% Owner | |
| | | | ___ Other | |
| | | | (specify below) | |

Table I - Non-Derivative Securities Beneficially Owned

| | | | |
|---------------------------------|---|--|---|
| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | | | |
|--|--|---|--|--|---|
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | Date Exercisable | Expiration Date | Title | Amount or Number of | |

| | | | | | | |
|----------------------|-------|-------|----------------------------|------------|--------|----------------------------------|
| | | | | Shares | | or Indirect (1) (Instr. 5) |
| Class B Common Stock | Â (1) | Â (1) | Class A Common Stock | 15,000,000 | \$ (1) | D (2) Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Ergen Two-Year 2009 SATS GRAT 400 INVERNESS PARKWAY, SUITE 250 ENGLEWOOD,Â COÂ 80112 | Â | Â X | Â | Â |

Signatures

/s/ William R. Gouger, Trustee of the Ergen Two-Year 2009 SATS GRAT, by Brandon E. Ehrhart his Attorney in Fact

12/07/2009

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 Grantor Retained Annuity Trust ("GRAT") may elect to convert any or all of its Class B shares to an equal number of Class A shares at any time for no additional compensation.
There is no formal agreement to vote or dispose of the shares owned by the GRAT in a particular manner, except that the trust agreement
- (2) for the GRAT contains an irrevocable provision that provides that the trustee will not dispose of any shares of the Issuer held by the GRAT unless a Change of Control Event (as defined in Item 6 of the GRAT's Schedule 13D filed on December 3, 2009) occurs.

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.