П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPR | OVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* JARVIS SCOT | | | 2. Issuer Name and Ticker or Trading Symbol <u>WIRELESS FACILITIES INC</u> [WFII] | | ationship of Reporting P (all applicable) Director | erson(s) to Issuer 10% Owner |
|---|-----------------|----------|---|-------|---|---------------------------------|
| (Last) 201 ROUTE 1 | (First) .7 N | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2004 | | Officer (give title below) | Other (specify below) |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | /idual or Joint/Group Fil | ing (Check Applicable |
| (Street) | | | | Line) | Form filed by One Re | anorting Person |
| RUTHERFOR | RD NJ | 07070 | | | Form filed by More th | |
| | | | [| | Person | ian one reporting |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Disp Code (Instr. 5) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-------------------------------------|------------------------------------|---|----------|---------|---|---|---|
| | | Code V Amount (A) or (D) Price | | Transaction(s) (Instr. 3 and 4) | | (1130.4) | | | | |
| Common Stock | 03/29/2004 | | S | | 2,000 | D | \$11.15 | 659,241 | D | |
| Common Stock | 03/30/2004 | | S | | 5,000 | D | \$11.16 | 654,241 | D | |
| Common Stock | 03/31/2004 | | S | | 5,000 | D | \$11.02 | 649,241 | D | |

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. Transa Code (8) | | 5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 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 | Amount or Number of Shares | | | | |

Explanation of Responses:

By: Vencent Donlan For: Scot 03/31/2004

<u>Jarvis</u>

** 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.