Edgar Filing: AKAMAI TECHNOLOGIES INC - Form 4

| Form 4 | ECHNOLOGIES I | NC | | | | | | | | | |
|---|--|----------|--|--|---|--------------------|---------|---|--|-------------|--|
| February 09, | | | | | | | | | OMB A | PPROVAL | |
| FORM | UNITEDS | TATES | | ITIES Al hington, | | | NGE | COMMISSION | - | 3235-0287 | |
| if no long subject to Section 1 | Check this box if no longer subject to Section 16. Form 4 or | | | | | | | | Estimated average burden hours per | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | $_{\text{inue.}}^{\text{ns}}$ Section 17(a) | of the P | ublic Uti | · · / | ling Com | pany | Act o | ge Act of 1934, of 1935 or Sectio 40 | · | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol AKAMAI TECHNOLOGIES INC | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (Mi | | [AKAM] 3. Date of] |] Earliest Tra | ansaction | | | Director | | 6 Owner | |
| | IAI TECHNOLOG ROADWAY | | (Month/Da 02/07/20 | • | | | | X Officer (give below) EVP & | e title Oth below) Chief HR Offi | er (specify | |
| | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| CAMBRIDO | GE, MA 02142 | | | | | | | Person | More than One Ro | eporting | |
| (City) | (State) (Z | Zip) | Table | I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | n Date, if | 3. Transactic Code (Instr. 8) | 4. Securi onAcquired Disposed (Instr. 3, | l (A) c l of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| C | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 02/07/2017 | | | М | 1,590 | А | \$0 | 11,035 | D | | |

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. Transacti Code (Instr. 8) | 5. Number ionof Derivative Securities 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)8((| |
|---|---|---|---|---------------------------------------|--|--|--------------------|--|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Restricted Stock Units | \$ 0 | 02/07/2017 | | М | 2,355 | <u>(1)</u> | 02/08/2017 | Common Stock | 2,355 |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|------------|------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Gemmell James C/O AKAMAI TECHNOLOGIES, INC. 150 BROADWAY CAMBRIDGE, MA 02142 | | | EVP & Chief HR Officer | | | |
| Signatures | | | | | | |
| /s/ James H Hammons Jr, by power of attorney | | 02/09/2017 | 7 | | | |
| **Signature of Reporting Person | | Date | | | | |
| Explanation of Pospone | 2001 | | | | | |

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) Vests as follows: 1/3 on each of February 7, 2015, 2016 and 2017.

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.