#### Matthews Michael Form 3 December 13, 2010 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

### **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<br>Person <u>*</u><br>Matthews Michael |           |              | <ul><li>2. Date of Event Requiring<br/>Statement</li><li>(Month/Day/Year)</li></ul> |  | 3. Issuer Name and Ticker or Trading Symbol CALIX, INC [CALX] |  |  |  |  |
|---|-----------|--------------|---|--|---|--|--|--|--|
| (Last)  | (First)   | (Middle)     | 12/07/2010  |  | 4. Relationship of Reporting Person(s) to Issuer              |  | 5. If Amendment, Date Original Filed(Month/Day/Year) |  |  |
| C/O CALIX   | , INC., 1 | 035 N.       |   |  |   |  |  |  |  |
| MCDOWELL BLVD.  |           |              |   | (Check all applicable)                                 |   |  |  |  |  |
| (Street)<br>PETALUMA, CA 94954  |           |              |   |  | OfficerOther<br>(give title below) (specify below)            |  |  | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person |  |
|   |           | 51551        |   |  |   |  |  | Form filed by More than One<br>Reporting Person  |  |
| (City)  | (State)   | (Zip)        |   | Table I - Non-Derivative Securities Beneficially Owned |   |  |  |  |  |
| 1.Title of Secu<br>(Instr. 4)   | rity      |              |   | 2. Amount of<br>Beneficially<br>(Instr. 4)             |   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr.                            | *  |  |
| No securities are beneficially owned                                    |           |              | ed 0  |  | D Â   |  | Â  |  |  |
| Reminder: Rep<br>owned directly   |           |              | ch class of secu  | irities benefici                                       | ially S   | EC 1473 (7-02  | )  |  |  |
|   | inform    | nation conta | oond to the co<br>ined in this f<br>nd unless the                                   | orm are not  |   |  |  |  |  |

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

currently valid OMB control number.

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) | 4.<br>Conversion<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form of<br>Derivative | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|---|--|--|---|--|---|--|
|   |  | (1180.4)   | FIICE OI                                    | Derivative                               |   |  |
|   |  | T:41-  | Derivative                                  | Security:                                |   |  |
|   |  | Title  | Security                                    | Direct (D)                               |   |  |

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January 31,

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Expires:

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Estimated average burden hours per

#### Edgar Filing: Matthews Michael - Form 3

| Date        | Expiration | Amount or | or Indirect |
|-------------|------------|-----------|-------------|
| Exercisable | Date       | Number of | (I)         |
|             |            | Shares    | (Instr. 5)  |

# **Reporting Owners**

| Reporting Owner Name / Address  |  | Relationships |           |         |       |  |  |
|---|--|---------------|-----------|---------|-------|--|--|
|   |  | Director      | 10% Owner | Officer | Other |  |  |
| Matthews Michael<br>C/O CALIX, INC.<br>1035 N. MCDOWELL BLVD.<br>PETALUMA, CA 94954 |  | ÂX            | Â         | Â       | Â     |  |  |
| Signatures  |  |               |           |         |       |  |  |
| Matthews  |  | 0/2010        |           |         |       |  |  |
|   |  | ate           |           |         |       |  |  |

## **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).

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.