

Edgar Filing: F5 NETWORKS INC - Form 4

F5 NETWORKS INC
Form 4
November 07, 2001

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

[] CHECK THIS BOX IF NO
LONGER SUBJECT TO
SECTION 16. FORM 4
OR FORM 5 OBLIGATIONS
MAY CONTINUE. SEE
INSTRUCTION 1(b).

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(f) of the Investment Company
Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol		6. R
HELSEL, BRETT L.			F5 NETWORKS, INC. (ffiv)		t
(Last)	(First)	(Middle)	3. IRS Identification		
c/o F5 NETWORKS, INC.			Number of Reporting		
401 ELLIOTT AVENUE WEST			Person (Voluntary)		
	(Street)		4. Statement for		
SEATTLE, WA 98119			Month/Year		
(City)	(State)	(Zip)	OCTOBER 2001		
			5. If Amendment,		
			Date of Original		
			(Month/Year)		
					7. I
					(

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIAL

1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	3. Trans- action Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficial Owned at End of Mo (Instr. 3)	
			Code	V	Amount	(A) or (D)	Price
COMMON STOCK	10/30/01	S			15,000	D	Average price of \$14.15
COMMON STOCK							42,8

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

*If the form is filed by more than one reporting person, see Instruction 4(b)(v).

FORM 4 (CONTINUED)

TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIAL
(E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

[illegible]

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Explanation of Responses:

**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.

/s/ BRETT

**Signature of

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.