

Edgar Filing: F5 NETWORKS INC - Form 4

F5 NETWORKS INC  
 Form 4  
 March 06, 2002

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 FORM 4  
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U.S. 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

1. NAME AND ADDRESS OF REPORTING PERSON*	2. ISSUER NAME AND TICKER OR TRADING SYMBOL	3. IRS OR SOCIAL SECURITY NUMBER OF REPORTING PERSON, IF AN ENTITY (VOLUNTARY)	4. STATEMENT FOR MONTH/YEAR	5. IF AMENDMENT, DATE OF ORIGINAL (MONTH/YEAR)	6. R	7. I
Reiter Joann M. (Last) (First) (Middle) c/o F5 Networks, Inc. 401 Elliott Ave. West (Street) Seattle WA 98119 (City) (State) (Zip)	F5 NETWORKS, INC. (ffiv)		FEBRUARY 2002			

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 BENEFICIALLY OWNED AT END OF MO (Instr. 3)
		Code V	Amount (A) or (D) Price	
Common Stock	2/21/02	S	1,750 D \$23.40	
Common Stock	2/21/02	M	5,208 A \$8.00	
Common Stock	2/21/02	S	5,208 D \$23.40	14,385

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).

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMB Number.



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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/ Joann Reit

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\*\*Signature of

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contained in this form are not required to respond unless the form  
displays a currently valid OMB Number.

FORM 29963