### Edgar Filing: F5 NETWORKS INC - Form 4

F5 NETWO	RKS INC										
Form 4											
November (	02, 2004										
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITEL	<b>JSIAIE</b>		shington			INGE C	UMMISSION	OMB Number:	3235-0287	
Check th	his box		vv a	sinigton	, D.C. 20	547				January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires:	2005		
	subject to Section 16. SECURITIES							Estimated average burden hours per			
Form 4									response	0.5	
Form 5	Filed pt	ursuant to	Section 1	6(a) of th	ne Securi	ties E	Exchange	e Act of 1934,	·		
obligation may con				•	•	-	•	1935 or Section	1		
See Inst		30(h)	) of the In	vestment	Compai	ny Ao	ct of 194	0			
1(b).											
(Print or Type	Responses)										
(Thin of Type	responses)										
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name <b>and</b> Ti					l Ticker or	icker or Trading 5. Relationship of Reporting Po			Reporting Pers	on(s) to	
GRINSTEI			Symbol	i i i i i i i i i i i i i i i i i i i				Issuer			
				ETWORKS INC [FFIV]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction			(Check	c all applicable	)	
			(Month/I	Day/Year)			_X_ Director 10% Owner				
	TWORKS, INC		10/29/2	2004				Officer (give title Other (specify below) below)			
ELLIOTT AVENUE WEST											
(Street) 4. If Ame				endment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Y				nth/Day/Yea				Applicable Line)			
SEATTLE, WA 98119 Form filed by More than One Reporting Person Form filed by More than One Reportin											
SEATTLE,	, WA 90119							Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Da	te 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		on Date, if	Code (Instr. 3, 4 and 5)				Securities Beneficially Owned	Ownership	Indirect	
(Instr. 3)		any (Month/l	Day/Year)						Form: Direct Benefic (D) or Owner	Beneficial Ownership	
		(	,	(				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	× ,			
Stock	10/29/2004			М	5,000	А	\$ 8.1	11,000	D		
							¢				
Common	10/29/2004			S	5,000	D	\$ 20.519	6,000	D		
Stock							39.518				

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.

#### Edgar Filing: F5 NETWORKS INC - Form 4

# 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. Transactio Code (Instr. 8)	5. Number on f 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 Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy)	\$ 8.1	10/29/2004		М	5,000	04/20/2001	04/20/2011	Common Stock	5,0

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
GRINSTEIN KEITH C/O F5 NETWORKS, IN 401 ELLIOTT AVENUE SEATTLE, WA 98119		Х						
Signatures								
/s/ Keith Grinstein	11/02	2/2004						
<u>**</u> Signature of Reporting Person	Da	te						

## **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).

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.