FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). ☐ Check this box to indicate that a transaction was made pursuant to a contract,

instruction or written plan that is

intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. Is	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
 McReynolds	Maya			F5,	, IN	IC. [FI	FIV]						piicable)			
(Last)	(First)) (Middle)			3. Date of Earliest Transaction (MM/DD/YYYY)						X_ Director10% Owner Officer (give title below) Other (specify below)					
C/O F5, INC., 801 5TH AVE.					11/1/2024											
	(Stree	et)		4. If	f Am	nendment	t, Date O	riginal	Filed	d (MM/D	D/YYYY)	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
SEATTLE, WA 98104 (City) (State) (Zip)											X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Stat	, , , ,		on-Deri	vati	ve Secur	rities Ac	auired.	. Disn	osed o	of, or Ben	eficially Own	ed			
			ans. Date	Date 2A. Deemed Execution Date, if any (Instr. 8)		ode 4.	or Disposed of (D)			. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Tab	le II - Deri	vative Sec	urities E	Bene	eficially (Code Owned (<u> </u>	uts, ca		Price	options, conve	rtible secu	ırities)	4)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivativ		Acquired posed of		6. Date Exercisable and Expiration Date		7. Title and Securities I Derivative (Instr. 3 and	Security	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa		xpiration ate	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Restricted Stock Unit (1)	\$0	11/1/2024		A		480		(2)		(3)	Common Stock	480	\$0	480	D	

Explanation of Responses:

- (1) Each Restricted Stock Unit represents a contingent right to receive one share of F5, Inc. Common Stock on the vest date.
- (2) Restricted Stock Units will fully vest on the first business day prior to the date of the annual shareholder meeting for fiscal 2024 (to be held in 2025) if the reporting person continues to serve as a director on the vest date, and the corresponding number of shares of Common Stock of F5, Inc. will be issued to the reporting person on the vest date.
- (3) If the reporting person continues to provide services to the Company through the vest date, the corresponding number of shares of Common Stock of F5, Inc. will be issued to the reporting person on the vest date.

Reporting Owners

PB								
Panarting Owner Name / Address	2	Relationships						
Reporting Owner Name / Addres	Director	10% Owner	Officer	Other				
McReynolds Maya								
C/O F5, INC.	X							
801 5TH AVE.	Α							
SEATTLE, WA 98104								

Signatures

**Signature of Reporting Person

Date

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).
- ** 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.

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.