

F5 NETWORKS INC

FORM 3

(Initial Statement of Beneficial Ownership)

Filed 6/3/1999 For Period Ending 6/3/1999

Address	401 ELLIOT AVE WEST STE 500 SEATTLE, Washington 98119
Telephone	206-272-5555
CIK	0001048695
Industry	Computer Networks
Sector	Technology
Fiscal Year	09/30

OMB Number: 3235-0104
Expires: December 31, 2001
Estimated average burden
hours per response 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement (Month/Day/Year)	4. Issuer Name AND Ticker or Trading Symbol		
Davis	Kimberly	D.	June 3, 1999	F5 NETWORKS. INC. (FFIV)		
(Last)	(First)	(Middle)				
C/o F5 Networks, Inc. 200 First Avenue West			3. IRS or Social Security Number of Reporting Person (Voluntary)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		6. If Amendment, Date of Original (Month/Day/Year)
(Street)				X Director	10% Owner	
				Officer (give title below)	Other (specify below)	
Seattle, Washington 98119						7. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)	TABLE I -- NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED			

[illegible][illegible]

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. (Over)
* If the form is filed by more than one reporting person, SEE Instruction 5(b)(v). SEC 1473 (3-99)

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 CONTROL NUMBER.

Note 1: All shares are owned directly by Pacific Technology Ventures U.S.A., L.P. Ms. Davis is a general partner of IDG Ventures, L.L.C., which is general partner of Pacific Technology Ventures U.S.A., L.P., and may be deemed to share voting and dispositive power with respect to the shares held directly by Pacific Technology Ventures U.S.A., L.P., and disclaims beneficial interest except to the extent of any pecuniary interest therein.

June 3, 1999

Kimberly D. Davis

**Signature of Reporting Person

Date _____

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.