

# F5 NETWORKS INC

## FORM 3

(Initial Statement of Beneficial Ownership)

Filed 7/9/1999 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

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

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,600,000	D	
Common Stock	450,000	I	(1)
	18,000	I	(2)

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.

/s/ Jeffrey S. Hussey July 6, 1999

Jeffrey S. Hussey Date  
\*Signature of Reporting Person

**\*\*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.

Page 2  
SEC 1473 (7-97)