F5 NETWORKS INC

FORM 3

(Initial Statement of Beneficial Ownership)

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

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SEATTLE, Washington 98119

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Industry Computer Networks

Sector Technology

Fiscal Year 09/30



FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Expires: December 31, 2001 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Estimated average burden

SEC 1473 (3-99)

(Print or Type Responses)	Section	n 30(f) of the Investmen	olding Company Act of 1935 or ho at Company Act of 1940	urs per response 0.5
1. Name and Address of Reporting Dixon Brian		Date of Event Requiring Statement	4. Issuer Name AND Ticker or Tradi F5 NETWORKS, INC. (FFIV)	ng Symbol
(Last) (First)	(Middle)	June 3, 19993. IRS or Social Se-	5. Relationship of Reporting Person - to Issuer (Check all applicabl Director 10% Owner	
C/o F5 Networks, Inc. 200 First Avenue West (Street)		curity Number of Reporting Person (Voluntary)	Officer (give Other (spec X title below) below) VP of Operations and Secretary	7. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One X Reporting Person Form filed by More than One
Seattle, Washington	98119			Reporting Person
(City) (State)	(Zip)		TABLE I NON-DERIVATIVE SECU	RITIES BENEFICIALLY OWNED
1. Title of Security (Instr. 4)		2. Amount of Securiti Beneficially Owned (Instr. 4)	Form: Direct Own (D) or Indirect (I)	ure of Indirect Beneficial ership (Instr. 5)
Common Stock		129,313	D	

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.

* If the form is filed by more than one reporting person, SEE Instruction 5(b)(v).

/s/ Brian R. Dixon June 3, 1999

**Intentional misstatements or omissions of facts constitute Federal Brian R. Dixon Criminal Violations. SEE 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). **Signature of

Brian R. Dixon
**Signature of Reporting Person

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, SEE Instruction 6 for procedure.

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Page 2 SEC 1473 (3-99)

Date

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