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



FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549 OMB APPROVAL

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB Number: 3235-0104 Expires: December 31, 2001 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Estimated average burden

Section 17(a) of the Public Utility Holding Company Act of 1935 or hours per response 0.5 (Print or Type Responses) Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement	4. Issuer Name AND Ticker or Trading Symbol	
Goldman	Steven		(Month/Day/Year)	F5 NETWORKS, INC. (FFIV)	
(Last) (First) (Middle C/o F5 Networks, Inc. 200 First Avenue West		(Middle)	June 3, 1999 3. IRS or Social Security Number of Reporting Person	5. Relationship of Reporting Person(s) 6.If Amendment, Dat to Issuer (Check all applicable) of Original Director 10% Owner (Month/Day/Year) Officer (give Other (specify	
	(Street)		(Voluntary)	X title below) below) 7. Individual or Joint/Group Fili (Check Applicabl Line) Form filed by Or X Reporting Persor Form filed by More than One Reporting Persor	
Seattle, Wash		98119			
(City)	(State)	(Zip)		TABLE I NON-DERIVATIVE SECURITIES BENEFICIALLY OWNE	
1. Title of Secur (Instr. 4)	rity		 Amount of Securiti Beneficially Owned (Instr. 4) 	Form: Direct Ownership (Instr. 5) (D) or Indirect (I)	
Common Stock			59,250	D	
Common Stock			33,000	D	

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

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.

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (3-99)

(Over)

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.

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End of Filing

