

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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

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

| Name and Address of Reporting Person * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--------------|--------------------------------|---------|--|-------------------------------|----------------------------|------------|--|----------------------------------|-------------------|--|---|----------------------------------|---|--|--|--|
| PANCOTTINE JEFF | | | | F5 | F5 NETWORKS INC [ffiv] | | | | | | | | | nicaoic) | | | | |
| (Last) (First) (Middle) | | | | | 3.] | Date | of Earl | iest Trans | action | n (MM | /DD/YYY | Y) | Director10% Owner | | | | | |
| | | | | | | | | | | | | XOfficer (give title below)Other (specify below) Sr VP, Mktg & Bus Development | | | | | | |
| | | | | | | | | 21/20 | | | | | | | | | | |
| (Street) | | | | 4.] | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | ı | Table | I - Non | -Der | ivati | ive Sec | urities Ac | quir | ed, Di | isposed | of, | or Be | neficially Own | ed | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. Date | | 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | | 4. Securities Acquor Disposed of (D (Instr. 3, 4 and 5) | | Ď) | ` ′ | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) | Beneficial | |
| | | | | | | | | Code | V | Amou | (A) or | | Price | | | | | Ownership (Instr. 4) |
| common stock 8/21/2003 | | | |)3 | M 1000 A \$9.5 1882 | | | | | D | | | | | | | | |
| common stock 8/21/200 | | | |)3 | | | S (1) | | 1000 | D | \$2 | 20.18 | 882 | | | D | | |
| | Tab | le II - Deri | vative | Securi | ties l | Bene | ficially | Owned (| e.g. , | , puts | , calls, | warı | rants, | , options, conve | rtible sec | curities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date | 3A. Dee Executi Date, if | on (In | Γrans. str. 8) | Securities (A) or D (D) | | | | ate Exercisable and iration Date | | Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following | Form of Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exerc | isable | Expiratio Date | n Titl | tle | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |
| Non-Qualified Stock Option (right to buy) | \$9.5 | 8/21/2003 | | | M | | | 1000 | 1/1/2 | 002 | 1/1/2011 | _ | Commor Stock | 1000 | \$9.5 | 5400 | D | |

Explanation of Responses:

(1) Sale pursuant to the terms of a 10b5-1 trading plan.

Reporting Owners

| Penarting Owner Name / Address | Relationships | | | | | | | | |
|--------------------------------|---------------|-----------|-------------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| PANCOTTINE JEFF | | | Sr VP, Mktg & Bus Development | | | | | | |

Signatures

| /s/ Jeff Pancottine | 8/22/2003 |
|----------------------------------|-----------|
| ** 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.