

[] 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

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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

| 1. Name and Address of Reporting Person * | | | | 2. | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|---|-------------------|---|------------|--|-----------------|-------------|----------|--|---|----------------|---|---|--|--|--|
| | | | | | | | | | | | | (Check all app | (Check all applicable) | | | |
| WHALEN C | HAD MI | CHAE | L | F | 5, IN | IC. [] | FFIV] | | | | | | | | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director | | | | |
| | | | | | | | | | | | | | X Officer (give title below) Other (specify below) | | | |
| C/O F5, INC., 801 5TH AVENUE | | | | | 2/16/2022 | | | | | | EVP, Worldy | vide Sales | | | | |
| | (Stree | et) | | 4. | If An | nendme | ent, Date C |)rigi | nal File | d (MM/D | D/YYY | Y) 6. Individual | or Joint/G | roup Filing | (Check Appl | icable Line) |
| SEATTLE, WA 98104 (City) (State) (Zip) | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table I - | Non-De | rivati | ive Sec | urities Ac | qui | red, Di | sposed o | f, or l | Beneficially Owner | ed | | | |
| 1. Title of Security (Instr. 3) | | Trans. Date | 2A. Deemed Execution Date, if any 3. Trans. Code (Instr. 8) | | de | Disposed of (D) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. 7. Nature Ownership Form: Beneficial Direct (D) or Indirect (Instr. 4) | | | |
| | | | | | | | Code | V | Amount | (A) or (D) | Price | | | | (I) (Instr. 4) | (111011. 1) |
| Common Stock | | | 2. | /16/2022 | | | s | | 252 | D S | 5200.27 | <u>(1)</u> , | 8024 | | D | |
| | Tab | le II - Der | ivative S | Securities | Bene | eficially | y Owned (| (e.g. | , puts, | calls, wa | ırranı | ts, options, conver | rtible secu | ırities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deeme Execution Date, if any | (Instr. 8 | tr. 8) De Ac Di | | | | 6. Date Exercisable and Expiration Date | | Secur Deriv | e and Amount of ities Underlying ative Security 3 and 4) | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned Following | 10. Ownership Form of Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | V | (A) | (D) | Da Ex | te ercisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) This transaction was executed pursuant to a Rule 10b5-1 trading plan.

Reporting Owners

| Paparting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|----------------------|----------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WHALEN CHAD MICHAEL | | | | | | | |
| C/O F5, INC. | | | EVP, Worldwide Sales | | | | |
| 801 5TH AVENUE | | EVF, Worldwide Sales | | | | | |
| SEATTLE, WA 98104 | | | | | | | |

Signatures

| /s/ Joseph P. McDermott by Power of Attorney | 2/17/2022 | | |
|--|-----------|--|--|
| ***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.