

[] 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. 1 | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|----------|-------------|---------------------------------|---------|--|--|--|------------|--|-----------------|--------------------|---|---|--------------------------------------|--|--|--------------|
| Locoh-Donoi | u Franco | is | | | F5 | NE | TWO | ORKS, I | INC | C. [FF | IV] | | | | | | |
| (Last) | (First) | (Mi | iddle) | | 3.] | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | XOffice | X Director 10% Owner X Officer (give title below) Other (specify below) | | | | |
| C/O F5 NET AVENUE | WORKS | , INC., | 801 5 | ТН | | | | 7/1 | 5/2 | 021 | | | President, | CEO & Dir | ector | | |
| | (Stre | et) | | | 4.] | If An | nendme | nt, Date (| Origi | nal File | ed (MM/D | D/YYY | Y) 6. Individu | al or Joint/G | roup Filing | (Check Appl | icable Line) |
| SEATTLE, V | | | p) | | | | | | | | | | | ed by One Report d by More than O | | Person | |
| | | | Table | I - No | n-Der | ivati | ve Seci | urities Ac | qui | red, Dis | sposed o | f, or E | Beneficially Ov | vned | | | |
| 1. Title of Security (Instr. 3) | | | 2. Trans. | | 2A. Deemed Execution Date, if any | | 3. Trans. Code (Instr. 8) | | 4. Securities Acquired Disposed of (D) (Instr. 3, 4 and 5) | | red (A) o | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) [Instr. 3 and 4) | | Ownership of I Form: Ber | Beneficial Ownership | |
| | | | | | | | | Code | V | Amount | (A) or (D) | Price | | | | (I) (Instr. 4) | (msu. 4) |
| Common Stock | | | | 7/15/20 | 021 | | | S | | 1300 | D § | 3187.12 | <u>(1)</u> | 73921 | | D | |
| | Tab | le II - Der | rivative | Secu | rities | Bene | ficially | Owned | (e.g. | , puts, | calls, wa | rrant | s, options, con | vertible secu | ırities) | | |
| 1. Title of Derivate Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Trans. Date | | Execution | A. Deemed xecution late, if any | | Acquir Dispos | | ber of tive Securities ed (A) or ed of (D) 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | Securi Deriva | e and Amount of ties Underlying tive Security 3 and 4) | nderlying Derivative ecurity Security | | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Da Ex | te ercisable | Expiration Date | | Amount or Number Shares | of | Reported Transaction(s) (Instr. 4) | | |

Explanation of Responses:

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

Reporting Owners

| Keporting Owners | | | | | | | | | |
|--------------------------------|---------------|-----------|---|-------|--|--|--|--|--|
| Paperting Owner Name / Address | Relationships | | | | | | | | |
| Reporting Owner Name / Addres | Director | 10% Owner | Relationships rOfficer President, CEO & Directo | Other | | | | | |
| Locoh-Donou Francois | | | | | | | | | |
| C/O F5 NETWORKS, INC. | X | | President CEO & Director | | | | | | |
| 801 5TH AVENUE | Λ | | i resident, CEO & Director | | | | | | |
| SEATTLE, WA 98104 | | | | | | | | | |

Signatures

/s/ Scot F. Rogers by Power of Attorney

**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.