# F5 NETWORKS INC

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 3/8/2001 For Period Ending 2/28/2001

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 4

U.S. SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

[ ] Check this box if no longer subject to Filed pursuant to Section 16(a) of the Securities Section 16. Form 4 Exchange Act of 1934, Section 17(a) of the or Form 5 obligations Public Utility Holding Company Act of 1935 may continue. See or Section 30(f) of the Investment Company Instruction 1(b). Act of 1940

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OMB Number: 3235-0287 Expires: December 31, 2001 Estimated average burden hours per response......0.5

1.	AMDAHL,	CARL	ting Person*	F!	5 NETWORE	me and Tick		Relationship of Reporting Person(s) to Issuer (check all applicable) X Director 10% Owner						
	(Last) 48468 AVALO	(First) N HEIGHTS TERR	(Middle)	3. II N	RS or Soc umber of		ty 4 -	. Statement Month/Year FEBRUARY 2	for 001 	Office	er X ( h	Other (specif		
	FREEMONT,	(Street)  CA	94539				5	Date of Or (Month/Year	iginal r)		OIRECTOR  or Joint/Gro			
	(City)	(State)	(Zip)	(c X 							(check applicable line) X Form filed by One Reporting Person Form filed by More The One Reporting Person			
		TABL	E I NON-DERIV	ATIVE S	SECURITI	ES ACQUIRED	, DIS	POSED OF, OR	BENEFIC	IALLY OWNE	)			
1.	Title of Se	curity	2. Trans- 3 action Date  (Month/ Day/	. Trans actio Code (Ins	s- 4. on tr. 8)	Securities	Acqu d of 4 an	ired (A) 5. (D) d 5)	Amount Securit Benefic Owned a End of	of 6 ies ially	5. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership		
			Year) Cod	le V	Amo	ount (A)	or	Price			(Instr. 4)			
COM	MON STOCK		02/13/01 M	I	18	,000 A		\$0.50	46,000		D			
 Rem	inder: Repor	t on a separat	e line for each								·· ·.	(Over)		

POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATION CONTAINED IN THIS FORM ARE NOT REQUIRED

\*If the form is filed by more than one reporting person, see Instruction 4(b)(v).

(Over) SEC 1474 (3-99)

TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

\*\*Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ CARL AMDAHL 3/5/01
-----\*\*Signature of Reporting Person Date

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

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**End of Filing** 

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