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

☑ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL

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

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

## 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 applicable)				
Pelzer Francis J.				F	F5, INC. [ FFIV ]									,		_	
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X	Director 10% Owner  X Officer (give title below) Other (specify below)				
C/O F5, INC., 801 5TH AVENUE					12/20/2023								EVP, Chief Financial Officer				
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)						Y) 6. I1	6. Individual or Joint/Group Filing (Check Applicable Line)					
SEATTLE, WA 98104													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				]							Tomi med by More than one reporting reison						
			Table I - N	on-De	rivati	ive Sec	urities Ac	qui	red, Dis	sposed o	of, or I	Beneficia	ally Owne	d			
1.Title of Security (Instr. 3)  2. Trans. Da			ıs. Date	2A. Do Execu Date, i	ition (Instr. 8)		de	4. Securities Acquired (A) o Disposed of (D) (Instr. 3, 4 and 5)			Follow	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership		
			Code		Code	V	Amount	(A) or (D)	Price	:				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock			12/2	0/2023			S		500	D S	\$178.75	<u>(1)</u>			32,008	D	
	Tab	le II - Der	ivative Sec	urities	Bene	eficially	Owned	(e.g.	, puts,	calls, wa	arrant	ts, optio	ns, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se	3A. Deemed Execution Date, if any	4. Trans (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		and	6. Date Exercisable and Expiration Date  Date Expiration		Securi Deriva (Instr.	ities Under ative Secur 3 and 4)	Juderlying Security Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership of Form of Derivative O	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	e V (A) (D)				able Expiration Date		Amount of Shares	ount or Number of ares		Transaction(s) (I) (Instr. (Instr. 4)					

#### **Explanation of Responses:**

(1) This transaction was executed pursuant to a Rule 10b5-1 trading plan dated 8/11/2023.

Reporting Owners

reporting Owners										
Reporting Owner Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Pelzer Francis J.										
C/O F5, INC.			EVP, Chief Financial Officer							
801 5TH AVENUE			EVF, Ciliei Filianciai Officer							
SEATTLE, WA 98104										

### **Signatures**

/s/ Scot F. Rogers by Power of Attorney 12/21/2023 Date \*\*Signature of Reporting Person

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).

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.