# F5 NETWORKS INC

### FORM 4

(Statement of Changes in Beneficial Ownership)

# Filed 5/8/2001 For Period Ending 4/30/2001

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

#### Midianoton, Brot 20019

[ ] CHECK THIS BOX IF NO LONGER SUBJECT TO SECTION 16. FORM 4 OR FORM 5 OBLIGATIONS MAY CONTINUE. SEE INSTRUCTION 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940 OMB APPROVAL

OMB NUMBER: 3235-0287
EXPIRES: DECEMBER 31, 2001
ESTIMATED AVERAGE BURDEN
HOURS PER RESPONSE......0.5

	Name and Address of Repartment Pancottine, Jeffrey	porting Person*	2.	Issuer Name and Ticker F5 NETWORKS, INC. (FFI	V)	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
	(Last) (First) 401 ELLIOTT AVENUE WES	E WEST		IRS Identification Number of Reporting Person, if an entity	4. Statement Month/Year APRIL 2001		X Officer		Other (specify
	(Street) SEATTLE, WA 98119			(Voluntary)	5. If Amendme	 nt,	(give title SR. VICE PR		
	(City) (State)	(Zip)			(Month/Yea	r) 7.	Individual (Check Appl X Form Repor Form One R	icable Line) filed by One	up Filing e Than son
	T			E SECURITIES ACQUIRED,		BENEFIC	IALLY OWNED		
1. Title of Security (Instr. 3)		2. Trans- action Date (Month/	3. Tra act Coo (In		cquired (A) 5. of (D) and 5)	Securit Benefic Owned a End of	of 6. ies ially t Month	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial
		Day/ Year) Cod				(Instr.	3 and 4)	(Instr. 4)	
COM	MMON STOCK	04/30/01		1,043 A	·	1,043		D	

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

sec 1474 (3-99)

POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATION CONTAINED IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB NUMBER.

	Title of Derivative Security (Instr. 3)	2	Convor-	2	Trang-	1	Tran	. c –	-	NT1 11	mhor	of	6. Date cisa Expi Date (Mon Year		Exer- ple and ration th/Day/	7.		ount 8. g d 4)	Price of Deriv- ative Secur- ity (Instr	
							 Code			 (A)		(D)	Exer cisa	ble	Expira- tion Date		Title	Amount o Number o Shares	f	
NO	N-QUALIFIED STOCK OPTION	1	\$7.00		04/27/01		A			40,	000		05/2	7/01	L 04/27/	11	COMMON STOCK	40,000	\$7.0	
9.	Number of 10. derivative Securities Beneficially Owned at End of Month (Instr. 4)	Ov Fo De Se Di				1	1. Na In Be Ow (I	ture dire nefi	e of ect icia ship	1										
	40,000		D																	
	planation of Responses:																			
(1	) Includes 1,043 shares in April 2001.	aco	quired und	er	the F5 N	etw	orks	Stoc	ck P	urcl	hase	Plan								
(2	) Options vest monthly o	ovei	r a 2 year	pe	riod.															
	Intentional misstatement See 18 U.S.C. 1001 and 1					CO	nstit	ute	Fed	era	l Cri	iminal	Viola	ıtion	-		JEFFREY PANC  gnature of Re			/7/01  Date

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

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

#### **End of Filing**

