Edgar Filing: CIENA CORP - Form 4

CIENA COR	RP											
Form 4												
March 22, 20)17											
FORM	1 4									OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington				NGE C	OMMISSION	OMB Number:	3235-0287	
Check the				0	<i>,</i>					Expires:	January 31,	
if no long subject to	STATES	MENT O	F CHAN	GES IN BENEFICIAL OWNER					NERSHIP OF	20		
	Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 o	r								response 0.			
Form 5	*							•	e Act of 1934,			
obligation may cont		· /		•		U	· ·		1935 or Section	1		
See Instru		30(h)	of the In	vestmen	nt (Compan	y Ac	t of 194	-0			
1(b).												
(Print or Type F	Pernonses)											
(Time of Type I	(cspolises)											
1. Name and A	ddress of Reporting	Person *	2 Issue	· Name an	nd '	Ticker or	Tradii	ות	5. Relationship of	Reporting Pers	son(s) to	
OBRIEN JUDITH M Symbol				suer Name and Ticker or Trading					Issuer			
				ENA CORP [CIEN]								
(Least)	(First)	Middle	3. Date of Earliest Transaction				(Check all applicable)					
(Last)	(First) ((Middle)	3. Date of (Month/D		I ra	insaction			X Director	10%	Owner	
C/O CIENA	CORPORATIO	ON 7035	03/21/2	•					Officer (give		er (specify	
RIDGE RD.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	03/21/2	017					below)	below)		
	(Street)		4 If Ama	ndmant F	Jot	a Origina			6 Individual or Io	int/Group Filin	(Chaolr	
			f Amendment, Date Original ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
Filed(Mo				onth/Day/Year)					_X_ Form filed by One Reporting Person			
HANOVER	, MD 21076-142	26							Form filed by M Person	lore than One Re	porting	
	(0)	(7 :)							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-	De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deer	med	3.		4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Year)) Executio any	on Date, if			n(A) or Di	-		Securities	Form: Direct		
(Instr. 3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(111011111)	<i>suj, 1011)</i>	(1115411-0)	,				Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
~				Code V	V	Amount	(D)	Price	(insu: 5 and 4)			
Common Stock	03/21/2017			S		3,112 (1)	D	\$ 23.95	63,284 <u>(2)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
OBRIEN JUDITH M C/O CIENA CORPORATION 7035 RIDGE RD. HANOVER, MD 21076-1426	Х						
Signatures							
By: Michelle Griswold For: Jud O'Brien	lith M.	C	03/22/2017				
**Signature of Reporting Persor	1		Date				

Explanation of Responses:

- * 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).
- (1) Sales were effected pursuant to Rule 10b5-1 trading plan dated 4/14/2016.
- (2) Shares reported include unvested Restricted Stock Units (RSUs) and Performance Stock Units (PSUs).

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