JUNIPER NETWORKS INC

Form 4

November 08, 2004

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

0.5

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Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

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(h) of the Investment Company Act of 1940

See Instruction

1(b).

Stock

(Print or Type Responses)

| 1. Name and Address of Reporting Person * GOLDMAN KENNETH A | | 2. Issuer Symbol | 2. Issuer Name and Ticker or Trading | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|---|--------------------------------------|---------------------|---|------------------------------------|-----|---|------------------------|--|--|--|-------------|--|
| (I) | Œ' A | O.C.III. | JUNIPER NETWORKS INC [JNPF | | | JNPR] | (Check all applicable) | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | | | | | |
| 44043405 | | | (Month/D | • |) | | | | _X_ Director | | Owner | |
| AVENUE | H MATHILDA | | 11/05/20 | 004 | | | | | Officer (give below) | below) | er (specify | |
| | (Street) | | 4. If Amendment, Date Original | | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | Filed(Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| SUNNYVA | LE, CA 94089 | | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Nor | ı-D | erivative : | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | Execution any | med on Date, if Day/Year) | 3. Transac Code (Instr. 8 | | 4. Securin (A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code | V | Amount | (D) | Price | (msu. 3 and 4) | | | |
| Common Stock | 11/05/2004 | | | M | | 7,000 | A | \$ 17.4 | 18,026 | D | | |
| Common Stock | 11/05/2004 | | | S | | 7,000 | D | \$ 27.68 | 11,026 | D | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

27.68

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Ame Underlying Sect (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|---|---|--|--------------------|---|----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | An or No of Sh |
| Non-Qualified Stock Option (right to buy) | \$ 17.4 | 11/05/2004 | | M | 7,000 | 10/05/2003(1) | 09/05/2013 | Common Stock | 7 |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

GOLDMAN KENNETH A

GOLDMAN KENNETH A

1194 NORTH MATHILDA AVENUE X

SUNNYVALE, CA 94089

Signatures

By: Mitchell L. Gaynor, Attorney-in-Fact For: Kenneth A.
Goldman

11/08/2004

**Signature of Reporting Person 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) Vests in 36 equal monthly installments beginning on the date of grant.
- (2) Column 8 is not a reportable field, the option was disposed of through an exercise.

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.

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