### Edgar Filing: ALLEN JEFFRY R - Form 4

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Form 4	TKI K										
August 22, 2	2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
		STATES			, D.C. 205		IGE CU	JUIUIISSION	OMB Number:	3235-0287	
Check th if no lon	ger	X									
subject to Section 1 Form 4 c	6. <b>SIAIE</b> N										
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17										
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> ALLEN JEFFRY R			2. Issuer Name <b>and</b> Ticker or Trading Symbol NETWORK APPLIANCE INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
<i></i>			[NTAP]								
(Last) (First) (Middle) 495 EAST JAVA DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 08/18/2005					_X_ Director    10% Owner      Officer (give title    Other (specify below)			
	4. If Amendment, Date Original Filed(Month/Day/Year)				1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
SUNNYVA	LE, CA 94089						-	Form filed by More Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/E			Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)					<ul> <li>S. Amount of Securities Beneficially Owned Following Reported</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	08/18/2005			М	137,500	А	\$ 9.99	207,020	D		
Common Stock	08/18/2005			М	62,500	А	\$ 11.25	269,520	D		

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

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
Non-Qualified Stock Option (right to buy)	\$ 9.99	08/18/2005		М	137,500	<u>(1)</u>	10/31/2012	Common Stock	13
Non-Qualified Stock Option (right to buy)	\$ 11.25	08/18/2005		М	62,500	(2)	05/24/2009	Common Stock	62

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips					
	Director	10% Owner	Officer	Other				
ALLEN JEFFRY R 495 EAST JAVA DRIVE SUNNYVALE, CA 94089	Х							
Signatures								
By: Janice Mahoney byPower Allen	y R.		08/22/2005					
**Signature of Rep			Date					
Explanation of Responses:								

### 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) Option vests in a series of equal monthly installments over 48 months of service beginning with the one-month annniversary of the grant date.
- Option vests with respect to 10% of the option shares on the first anniversary of the grant date; 20% of the shares in equal monthly
- (2) installments over the next 12 months of service; 30% of the shares in equal monthly installments over the following 12 months of service; and 40% of the shares in equal monthly installments over the final 12 months of service.

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.