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Form 4										
February 23, FORM	Л								PPROVAL	
	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287	
Check this if no long subject to Section 10 Form 4 or	er STATEN 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: Estimated burden hou response	urs per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	s Section 17	(a) of the F	Public U	Itility Hol	ding Co		nge Act of 1934, of 1935 or Secti 940			
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Zamiska Gene M.			2. Issuer Name and Ticker or Trading Symbol JUNIPER NETWORKS INC [JNPR]			5. Relationship of Reporting Person(s) to Issuer[] (Check all applicable)				
(Last) (First) (Middle) 1194 NORTH MATHILDA AVENUE			3. Date of Earliest Transaction(Month/Day/Year)02/18/2011				Director 10% Owner X Officer (give title Other (specify below) below) VP Corp Controller & CAO			
(Street) SUNNYVALE, CA 94089			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tab	de I - Non-I	Derivative	Securities A	Person	of or Beneficia	lly Owned	
	2. Transaction Date Month/Day/Year)	2A. Deeme Execution I any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3,	ies (A) or 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)	7. Nature of Indirect	
Reminder: Repo	ort on a separate line	e for each cla	ass of sec	urities benef	Perso	ons who rea	or indirectly. spond to the colle tained in this form ond unless the fo	n are not	SEC 1474 (9-02)	

displays a currently valid OMB control

5. Number of

Securities

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

number.

4.

Code

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

(Month/Day/Year) Execution Date, if TransactionDerivative

3. Transaction Date 3A. Deemed

any

1. Title of

Derivative

Security

2.

Conversion

or Exercise

Underlying Se (Instr. 3 and 4)

7. Title and An

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (<i>J</i> or Disposed (D) (Instr. 3, 4, and 5)	d of			
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 44	02/18/2011		А	22,700		02/18/2012 <u>(1)</u>	02/18/2018	Common Stock
Performance Shares	\$ 0 <u>(3)</u>	02/18/2011		А	17,500 (4)		02/21/2014(5)	02/21/2014	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
Zamiska Gene M. 1194 NORTH MATHILDA AVENUE SUNNYVALE, CA 94089			VP Corp Controller & CAO				
Signatures							
By: Mitchell L. Gaynor, Attorney in Fact For Zamiska	r: Gene M.	0	2/23/2011				

**Signature of Reporting Person

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).
- Vests as to 25% of the shares subject to the option one year from the grant date and the balance shall vest 1/48th of the total shares (1) granted each month thereafter.
- (2) Column 8 is not an applicable reportable field.
- (3) This is a full value award.

Represents the maximum quantity of shares issuable in aggregate for 2011, 2012 and 2013. The exact number of shares issuable with respect to each year will be determined based on achievement of certain Company performance targets for 2011, 2012 and 2013, as

Date

- (4) determined by the Compensation Committee of the Board. The executive can earn between 0% and 250% of the target shares with respect to each year.
- All of the shares earned over the three year period will vest, provided that the reporting person is still providing service to the Company, (5) after the final calculation is approved by the Compensation Committee.

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.