FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* JONES BALLE B. | | | | | 2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|-----------------------|---|---|--|---|------|---|------------------|---|-------------------------|---|--|--------------|---|--|---|--|
| JONES PAUL R | | | | - ا | BOTTOO TYDT WORKS ITTO [SONS] | | | | | | | Director | | | 10% Ow | ner | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/16/2003 | | | | | | 7 | Officer (below) | Officer (give title below) | | Other (specify below) | | | |
| (Last) (Mode) | | | | | | 00/10/2003 | | | | | | | VP of Engineering | | | | | |
| (Street) | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| | | | | | | | | | | | 7 | X Form filed by One Reporting Person | | | | | | |
| (City) | (9 | State) | (Zip) | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | Ta | ıble I - Non-I | Derivati | ive S | ecuritie | s Ac | cquired, D |)isp | osed o | f, or Ber | neficially | Owned | | | | | |
| 1. Title of | Security (Inst | tr. 3) | 2. | ction 2A. Deemed 3. 4. Securities Acquired (A | | | | | | 5. Amoun | | | | 7. Nature of | | | | |
| Date (Month/L | | | | ate //onth/Day | /Year) | Execution Date, if any (Month/Day/Year) | | Code (Instr. | | Disposed | d Of (D) (Instr. 3, 4 a | | Beneficial Owned Fo | | | Indirect E str. 4) C | Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | , | Amount | (A) or (D) Price | | Transaction | (| | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| | | | | 4. | 5. Number of | | | 6. Date Exercisable and 7. Title and Amo | | | | 8. Price of | 9. Number of | | 10. | 11. Nature | | |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Yea | e, Transaction Code (Instr. ar) 8) | | Derivative I | | 6. Date Exercisate and Expiration Date (Month/Day/Year) | | of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction(s) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | onia | | | |
| Employee Stock Option (right to buy) | 4.47 | 06/16/2003 | | A | | 530,000 | , , | 06/16/2004 ⁽¹ | T | 06/16/2013 | Common Stock | 530,000 | \$0.00 | 530,00 | 00 | D | | |

Explanation of Responses:

1. The option vests as to 25% of the shares on 6/16/2004, and then, as to the remaining 75% of the shares, in equal monthly increments for the following thirty-six months.

/s/ Charles J. Gray

06/18/2003

** Signature of Reporting Person

Date

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

- * 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).

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

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 Number.