FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | |
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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* DOLAN RAYMOND P | | | Date of Event equiring Staten Month/Day/Year 0/12/2010 | nent | 3. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS] | | | | | | |
|---|---------|-------|---|---|---|--|---|------------------------------------|---|---|--|
| (Last) (First) (Middle) C/O SONUS NETWORKS, INC. | | ` ′ | | | | tionship of Reporting Perso all applicable) Director | son(s) to Issuer | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| 7 TECHNOLOGY PARK DRIVE | | RIVE | | | X Officer (give title below) | | Other (spe below) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | |
| (Street) | | | | | CEO and President | | | | X Form filed by One Reporting Person | | |
| WESTFORD | MA | 01886 | | | | | | | Form filed b Reporting P | y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | ct (D) (Ins | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Ins | | | 4. Conversion or Exercise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiration Date | n Title | , | Amount or Number of Shares | Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Raymond P. Dolan 10/18/2010

** 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 5 (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.