

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Senate Limited, Trustee</u> (Last) (First) (Middle) <u>PO BOX 71082</u> (Street) <u>DUBAI C0</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>SONUS NETWORKS INC [SONS]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>12/20/2007</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/20/2007		P		2,000,000	A	\$5.89	67,295,079	I	See f.n. (1)

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)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person*
Senate Limited, Trustee
 (Last) (First) (Middle)
PO BOX 71082
 (Street)
DUBAI C0
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
LEGATUM GLOBAL INVESTMENT LTD
 (Last) (First) (Middle)
PO BOX 71082
 (Street)
DUBAI C0
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
LEGATUM GLOBAL HOLDINGS LTD
 (Last) (First) (Middle)
PO BOX 71082
 (Street)

DUBAI C0

(City) (State) (Zip)

1. Name and Address of Reporting Person*
LEGATUM CAPITAL LTD

(Last) (First) (Middle)
PO BOX 71082

(Street)
DUBAI C0

(City) (State) (Zip)

1. Name and Address of Reporting Person*
GALAHAD SECURITIES LTD

(Last) (First) (Middle)
PO BOX 71082

(Street)
DUBAI C0

(City) (State) (Zip)

Explanation of Responses:

1. These shares are owned directly by Galahad Securities Limited, which is a wholly owned subsidiary of Legatum Capital Limited, which is a wholly owned subsidiary of Legatum Global Holdings Limited, which is a wholly owned subsidiary of Legatum Global Investment Limited, which is a wholly owned subsidiary of Senate Limited, acting on behalf of that certain trust formed under the laws of The Cayman Islands as of 1 July 1996. Legatum Capital Limited, Legatum Global Holdings Limited, Legatum Global Investment Limited and Senate Limited are indirect beneficial owners of the reported securities.

/s/ Mark A. Stoleson, Director
of Senate Limited 12/24/2007

** 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.