FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasimigtori,	D.O. 200-0	

OMB APPROVAL

l	OMB Number:	3235-0287
l	Estimated average burde	n
l	hours ner resnonse.	0 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							, .				F ,									
Name and Address of Reporting Person* CASTONGUAY MAURICE L					2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						OITC	70 111	LVVC	JICICO .	1110	i [JOINE		Director			10% Ow	ner			
(Last)	(irct)	(Middle)		3	Date o	of Farliest	Transa	action (Mo	nth/Γ)av/Year)			–	Officer (below)	give title		Other (s below)	pecify	
(Last) (First) (Middle) C/O SONUS NETWORKS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 09/15/2011									SVP, CFO & Treasurer					
4 TECH	NOLOGY 1	PARK DRIVE																		
(Street)					- 4.	If Ame	endment, E	Date of	f Original	Filed	(Month/Da	ıy/Year)		6. Inc Line)	dividual or Jo	oint/Group	Filing (Check App	licable	
WESTF	ORD M	ſΑ	01886)	_	,	•	ting Person		
					-										Form fil Person	ed by More	e than (One Report	ing	
(City)	(S	State)	(Zip)																	
		Та	ble I - Nor	n-Deriv	ivativ	/e Se	curities	s Acc	quired,	Dis	posed c	of, or E	ene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L					/ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		A) or , 4 and 5	Beneficia Owned F	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect I	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount (A) or (D)) or)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock 09/15/					L5/201	/2011		A		375,000 ⁽¹⁾ A		A	\$ <mark>0</mark>	375,000			D			
			Table II - I								osed of onverti				Owned					
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expiration (Month/Da	n Date	!	of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		Date Exercisal:		Expiration Date	Title	or No	mount ımber Shares		Transacti (Instr. 4)	on(s)			
Stock Option (right to	\$2.38	09/15/2011			A		500,000		(2)	0	9/15/2021	Commo	n 50	00,000	\$0	500,00	00	D		

Explanation of Responses:

- 1. The vesting of the 375,000 share grant is generally subject to the achievement of certain performance metrics and the continued employment of the Reporting Person.
- 2. 25% of the shares underlying this option vests on August 26, 2012. The remaining 75% of the shares underlying this option will then vest in equal monthly increments for the following 36 months through August 26, 2015.

Remarks:

Maurice L. Castonguay

09/19/2011

** 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.