FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

hours per response

OMB Number: 3235-0287 Estimated average burden

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

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--|--|------------------------|---|---|--|--------------------------------|--|--|---|---------------------------------------|--|---|--|--|--|
| DOLAN RAYMOND P | | | | | | [551.5] | | | | | | | | 10% (| Owner | | |
| (Last) (First) (Middle) | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | X Officer below) | (give title | Other below | (specify | | |
| C/O SONUS NETWORKS, INC. | | | | | 03/15/2013 | | | | | | | ŕ | CEO and President | | | | |
| 4 TECHNOLOGY PARK DRIVE | | | | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | | | | Line | , | Form filed by One Reporting Person | | | | | | |
| WESTFORD MA | | 01886 | | | | | | | | | | Form filed by More than One Reporting | | | | | |
| (0) | | | (| | | | | | | | Person | ou by 11.0.0 | andar one resp | , tung | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | ate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | 3. Transaction Code (Ins | on Dispose | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | Beneficia Owned Fe | s lly ollowing (| 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) o (D) | r Price | Reported Transacti (Instr. 3 a | on(s) | | (Instr. 4) | | |
| 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 | Code (| Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownersh Form: y Direct (D or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | | |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 11(3) | | | |
| Stock Option (right to buy) | \$2.51 | 03/15/2013 | | A | | 450,000 | | (1) | 03/15/2023 | Common Stock | 450,000 | \$0 | 450,000 |) D | | | |

Explanation of Responses:

1. 25% of the shares underlying this option vests on March 15, 2014. The remaining 75% of the shares underlying this option will then vest in equal monthly increments for the following 36 months through March 15, 2017.

Remarks:

Raymond P. Dolan

03/19/2013

** 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.