FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02      |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |

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

| 1. Name and Address of Reporting Person* SEVERINO PAUL J      |  |             |                     |                                     | 2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [ SONS ] |       |   |        |                           |                             |   | (Che   | elationship o<br>ck all applic<br>Directo                          | able)   | g Pers                                  | on(s) to Issu<br>10% Ow   |                         |        |
|---|--|-------------|---------------------|-------------------------------------|---|-------|---|--------|---------------------------|-----------------------------|---|--|--|---|---|---|-------------------------|--------|
|   | NUS NETV   | VORKS, INC. | (Middle)<br>S, INC. |                                     |   |       | 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2004   |        |                           |                             |   |  |  | Officer<br>below)   | (give title                             |   | Other (s<br>below)      | pecify |
| 250 APOLLO DRIVE  |  |             |                     | 4.1                                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |       |   |        |                           |                             |   |  | 6. Individual or Joint/Group Filing (Check Applicable              |   |   |   |                         |        |
| (Street)  | SFORD M  | IA          | 01824               |                                     |   |       |   |        |                           |                             |   |  | - 1  | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |                         |        |
| (City)  | (S   | state)      | (Zip)               |                                     |   |       |   |        |                           |                             |   |  |  |   |   |   |                         |        |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |             |                     |                                     |   |       |   |        |                           |                             |   |  |  |   |   |   |                         |        |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |             |                     | Execution Da                        |   | Date, | te, Transaction Dispo   |        |                           | ies Acquire<br>Of (D) (Inst |   | 5. Amour<br>Securitie<br>Beneficia<br>Owned F<br>Reported  | ties Forr<br>cially (D) o<br>I Following (I) (II<br>ed<br>ction(s) |   | rm: Direct<br>or Indirect<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                         |        |
|   |  |             |                     |                                     |   |       |   | Code V | Amo                       | unt                         | (A) or<br>(D)                                       | Price  |  |   |   |   | Transact<br>(Instr. 3 a |        |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |             |                     |                                     |   |       |   |        |                           |                             |   |  |  |   |   |   |                         |        |
|   |  |             | Transa<br>Code (I   | ansaction of ode (Instr. Derivative |   |       | 6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4 |        |                           | ies<br>g<br>Security        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)          | Beneficial<br>Ownership<br>(Instr. 4)   |   |                         |        |
|   |  |             |                     | c                                   | Code  | v     | (A)   |        | Date<br>Exercisable       | Expira<br>Date              | tion  | Title  | Amount<br>or<br>Number<br>of<br>Shares                             |   |   |   |                         |        |
| Non-<br>qualified<br>Stock<br>Option<br>(right to<br>buy)     | \$5.52   | 12/29/2004  |                     |                                     | A   |       | 10,000  |        | 12/29/2005 <sup>(1)</sup> | 12/29/2                     | 2014  | Common<br>Stock  | 10,000   | \$0   | 10,000                                  | 0   | D                       |        |

## **Explanation of Responses:**

1. The option vests as to 25% of the shares on 12/29/05 and then, as to the remaining 75% of the shares, in equal monthly increments for the following thirty-six months.

<u>Charles J. Gray as attorney-in-fact for Paul J. Severino</u>

01/03/2005

\*\* 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.