FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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*						2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>GREENQUIST MARK T</u>					ا	SOLICO LIDI WOMAN ING [SOMS]										Direc	ctor		10% C	wner	
															X Offic		er (give title		Other (specify below)		
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)										50.0	,	FO	50.01.)		
C/O SONUS NETWORKS, INC.					02/	02/20/2015											C	FU			
4 TECHNOLOGY PARK DRIVE																					
4 IECHI	NOLUGY P	ARK DRIVE			1																
					- 4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X	Forn	n filed by One	e Renortin	n Pers	on	
WESTFO	ORD M	Α (01886												, , ,						
					-										Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																		
(Oity)	(0)	(<u> </u>																		
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	saction					3. 4. Securities Acquired (A)							ount of	6. Owner		7. Nature	
				Date (Month/	Day/Ve:	Execution Date, ay/Year) if any				Transaction Disposed (Code (Instr. 5)			l Of (D) (Instr. 3, 4			Securi Benefi			orm: Direct D) or Indirect	of Indirect Beneficial	
(MONUNE					Dayric	(Month/Day/Year)									Owned Following (I)			l) (Instr. 4)	Ownership		
										Code V Amount		(A) or Dri			Repor		ted action(s)			(Instr. 4)	
										<u> </u>	Amount	1	(D)	" Price		e (Instr. 3 and 4)					
Common Stock 02/20/					0/2015				P		4,000		Α	A \$16		60,000(1)		D			
		To	hlo II - F)orivat	ivo S	0011	ritios	Λοαιιί	irod Di	cno	cod of	or D	onofi	oiall	· ·	wnod		,			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deeme	-d	4.		5. Nu	mher	6. Date Ex	ercis	ahle and	7 Tit	tle and		8 PI	ice of	9. Number o	of 10.		11. Nature	
Derivative	Conversion	Date (Month/Day/Year)	Execution		Transa	Transaction Code (Instr.		n of E		Expiration Date			Amount of			vative	derivative	Owne	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of		if any		Code (8)					ay/Ye	ar)		Securities Underlying		Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
(Instr. 3) Price of (Month/Day/Ye				iyi icai)	(Tear) 8)		Acquired			Derivative					(11151	1. 3)	Owned	or Inc	or Indirect ((Instr. 4)	
	Security					(A) or			Security (Instr.					str. 3	3		Following Reported	(I) (In	str. 4)		
						Disposed of (D)			and 4)							Transaction	(s)				
						(Instr. 3, 4											(Instr. 4)	``			
						and 5)								4							
												Am or		ount							
													Nun						ļ		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sha	rec							
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Explanation of Responses:

1. Adjusted to reflect the 1-for-5 reverse stock split of the Common Stock of the Issuer that was made effective on the NASDAQ Global Select Market as of the commencement of trading on January 30, 2015.

Remarks:

<u>Mark T. Greenquist</u> <u>02/20/2015</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.