FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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										
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- 1	hours per respense:	0.5										

							. ,				<u> </u>								
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>COLLIER JAMES</u>					1==	110	D 1 (1		<u> </u>		_ [551.1	_]			Dire	ctor	10%	Owner	
, , ,					-									\dashv	X Offi	cer (give title w)	Other below	(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									VP, Worldwide Sales				
C/O SONUS NETWORKS, INC.					12/	12/31/2006										V1, WOII	awide baies		
7 TECHNOLOGY PARK DRIVE																			
/ TECHNOLOGI TARK DRIVE				⊿ If	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
					- 7. "	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)				
(Street)															X For	m filed by On	e Reporting Per	son	
WESTFO	ORD M	A (01886													•			
					-										Form filed by More than One Reporting Person				
(City)	(St	ate) ((Zip)																
						_	141					_		<u> </u>					
		Tab	le I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	t, or	Bene	eticia	ally Own	ed			
1. Title of S	Security (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)								7. Nature	
				Date (Month/	Day/Yea	Execution Date, ay/Year) if any				Transaction Disposed Of (D) Code (Instr. 5)			of (D) (Instr. 3, 4 and			Securities Fo		of Indirect Beneficial	
				((Month/Day/Year)							Owne	d Following (I)	(D) or Indirect (I) (Instr. 4)	Ownership		
									Code	Ī.,	1	(A) or Dr			Repo Trans	rted action(s)		(Instr. 4)	
										v	Amount	ı)	D)	Price		(Instr. 3 and 4)			
Common Stock 12/31				1/2006	/2006			F		28,604	4	D	\$6 .	59 1	71,396	D			
		T:	abla II - I	Dorivat	ivo S	0011	ritine	A cau	irod Di	enc	sed of,	or Bo	onofi	cially	, Ownor		•		
		16									onvertib				y Owner	•			
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mber	6. Date E	xercis	sable and	7. Titl	le and		8. Price of	9. Number o	of 10.	11. Nature	
Derivative	Conversion	Date (Month/Day/Year)	Execution	Date,		Transaction Code (Instr.				Expiration Date			Amount of		Derivative	derivative	Ownership	of Indirect Beneficial	
Security (Instr. 3)	or Exercise Price of		if any (Month/Day		8)	ınstr.	Derivative (Securities		(Month/D				Securities Underlying		Security (Instr. 5)	Securities Beneficially	Form: Direct (D)	Ownership	
Derivative			l`	.,, -,				Acquired		Derivative Security (I and 4)					,	Owned Following Reported	or Indirect	(Instr. 4)	
Security							(A) or Disposed of (D)							str. 3			(I) (Instr. 4)		
														Transaction	ı(s)				
							(Instr. 3, 4 and 5)									(Instr. 4)			
				ŀ		1 1					Δ,	ount			- [
									Data				or	Juni			- [
											Expiration	Numb of		nber		1	- [
			Code V (A) ((D)	Date Exercisal		Date	Title Shares								

Explanation of Responses:

Remarks:

Charles J. Gray as attorney-infact for James F. Collier

03/18/2007

** 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.