FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

Name and Address of Reporting Person*  DOL AND DAWN (CNID D)						2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [ SONS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DOLAN RAYMOND P					1	SOLIOS TIET WOLLOW [ SOLIO ]									X	Direc	ctor		10% C	wner	
															**	Office	er (give title		Other	(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									X	belov			pelow)		
C/O SONUS NETWORKS, INC.					08/	08/17/2017									CEO and President						
<b>'</b>																					
4 TECHNOLOGY PARK DRIVE																					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															ine)	_			_		
WESTFO	ORD M	Α (	01886												X	Form	n filed by One	e Reportin	g Pers	on	
,					.												n filed by Moi	re than Or	e Rep	orting	
(City)	(64	ate) (	Zip)													Pers	OH				
(City)	(5)	aie) (	<u>Ζ</u> ιρ <i>)</i>																		
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, oı	r Ben	eficia	ally	Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Transa	action	Execution Date,			3. 4. Securities Acquired (A)									6. Ownership		7. Nature	
				Date (Month/D	Dav/Yea				Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 aı	nd	Securi Benefi			orm: Direct D) or Indirect	of Indirect Beneficial			
(months)				- u,	(Month/Day/Year)								Owned Following		l Following			Ownership			
									0-4-	l.,			(A) or Dr		Trans		ted action(s)			(Instr. 4)	
									Code	V	Amount		(D)	Price	(Instr. 3 and 4)						
Common Stock 08/17/						7/2017					8,158(1)		D	\$6.88		8 1,294,328		D			
	Table II. Devivetive Convities Assured Disposed of an Developelly Over 1																				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	n 3A. Deemed				5. Number		6. Date Exercisable and			7. Title and			8. Pric		rice of 9. Number o			11. Nature	
Derivative	Conversion	Date	Execution	Date,	Transa Code (				Expiration Date (Month/Day/Year)			Amount of Securities Underlying			Derivative Security (Instr. 5)		derivative		Ownership Form:	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/		8)	ınsır.											Securities Beneficially			Beneficial Ownership	
Derivative			· /	11		Acquired		Derivative			-t- 2	,		Owned Following		or Indirect (	(Instr. 4)				
	Security				(A) or Disposed				Security (Instr. and 4)				Str. 3			Reported					
						of (D)					'					Transaction	(s)				
							(Instr. 3, 4 and 5)										(Instr. 4)				
				-		<del>-   -  </del>				Amount		1									
						or															
							Date		Expiration		Nur	nber									
					Code	٧	(A)		Exercisa		Date	Title		res							

**Explanation of Responses:** 

1. PAYMENT OF TAX LIABILITY BY DELIVERING SECURITIES TO THE ISSUER INCIDENT TO THE VESTING OF A SECURITY.

## Remarks:

Raymond P. Dolan

08/17/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.