SEC Form 4	
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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 Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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	hours per response:	0.5
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in of R	enorting Person(s) to Issuer	

mouucu	ion 1(b).			FIR							ompany Act o		1934			<u></u>			
					2. Issuer Name and Ticker or Trading Symbol <u>SONUS NETWORKS INC</u> [sons]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
				3. Date of Earliest Transaction (Month/Day/Year) 07/24/2007								Offic below	er (give title w)	9	Other below	· (specify /)			
(Street) DUBAI C0			- 4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Torm filed by More than One Reporting								
(City) (State) (Zip)										Person									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		Date,	3. Transaction Code (Instr. 8)					or 5. Amount of and 5) Securities Beneficially Owned Following Reported		ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) oi (D)	Pric	e	Transaction(s) (Instr. 3 and 4)				
Common	mmon Stock		07/24/2	2007	.007		Р		471,642	A	\$8.	2998	41,8	56,479		Ι	See Footnote ⁽¹⁾		
		Та	ble II								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5) 3		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Numbe of Shares	er					
		Reporting Person [*]																	
Senate 3	<u>Limited, '</u>	<u>Trustee</u>																	
(Last) PO BOX		(First)	(M	iddle)															
(Street) DUBAI		C0																	
(City)		(State)	(Zi	p)															
1. Name and Address of Reporting Person [*] LEGATUM GLOBAL INVESTMENT LTD																			
(Last) (First) (Middle) PO BOX 71082																			
(Street) DUBAI		C0																	
(City)		(State)	(Zi	p)															

1. Name and Address of Reporting $\operatorname{Person}^{*}$ LEGATUM GLOBAL HOLDINGS LTD

(Last)	(First)	(Middle)
PO BOX 71082		

(Street)

DUBAI	C0	
(City)	(State)	(Zip)
1. Name and Address of LEGATUM CA		
(Last) PO BOX 71082	(First)	(Middle)
(Street) DUBAI	C0	
(City)	(State)	(Zip)
1. Name and Address of GALAHAD SE	f Reporting Person [*] CURITIES LTD	
(Last) PO BOX 71082	(First)	(Middle)
(Street) DUBAI	C0	

Explanation of Responses:

1. These shares are owned directly by Galahad Securities Limited, which is a wholly owned subsidiary of Legatum Capital Limited, which is a wholly owned subsidiary of Legatum Global Holdings Limited, which is a wholly owned subsidiary of Senate Limited, acting on behalf of that certain trust formed under the laws of The Cayman Islands as of 1 July 1996. Legatum Capital Limited, Legatum Global Holdings Limited, Legatum Global Investment Limited, Legatum Global Investm

/s/ Mark A. Stoleson, Director of Senate Limited 07/25/2007

** Signature of Reporting Person Date

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

 \ast 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.