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 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
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					or	Sect	ion 3	30(h)	of the	Investmen	t Corr	pany Act o	of 194	0								
						2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) PO BOX		rst) (Middle)				ate of Earliest Transaction (Month/Day/Year) 17/2007										Offic belov	er (give title v)		Other below)	(specify	
(Street) DUBAI CO							If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting							
(City)	(S	ate) (Zip)		-												Pers	on				
			e I - Nor							-	Disp					-						
1. Title of Security (Instr. 3)				2. Trans Date (Month/		ay/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transa Code (3. Transaction Code (Instr. 8)					4 and Se Be Ov		Amount of curities neficially /ned Following ported		. Ownership orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		(A) or (D)	Pric	e	Transa (Instr.	action(s) 3 and 4)			. ,	
Common	Stock			12/12	7/200	7				Р		40,00	0	A	\$	6.1	63,	945,079		Ι	See f.n.	
		Ta	uble II - D (sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed 1 Date,	4. Transaction Code (Instr		5. Number		6. Date Exercisable a Expiration Date (Month/Day/Year)		able and	and 7. Title Amoun Securiti Underly Derivati		and t of ies /ing		rice of vative urity tr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v		(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber ires							
	d Address of Limited,	Reporting Person [*] Trustee																				
(Last) PO BOX	71082	(First)	(Mido	ile)																		
(Street) DUBAI		C0																				
(City)		(State)	(Zip)																			
		Reporting Person [*]	STMEN	IT LTI	<u>כ</u>																	
(Last) PO BOX	71082	(First)	(Mido	lle)																		
(Street) DUBAI		C0																				
(City)		(State)	(Zip)																			
		Reporting Person [*] DBAL HOLD	INGS I	LTD																		
(Last) PO BOX	71082	(First)	(Mido	lle)																		

(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		
(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 owner subsidiary of Legatum Global Investment 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, and Senate Limited are indirect beneficial owners of the reported securities.

/s/ Mark A. Stoleson, Director of Senate Limited <u>12/18/2007</u>

** 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.