FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-----------|--------------|--------------|------------------|

| | OMB APPRO | VAL |
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| | OMB Number: | 3235-0287 |
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| | 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

| 1. Name and Address of Reporting Person* <u>Dillon Matthew S.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS] | | | | | | | | | eck all ap | | ng Person(s) to Is | | |
|--|--|-------|---|-------|--|--|--|--|---|---|--------------------|--|---|---|--|---|---|--|
| (Last) (First) (Middle) C/O SONUS NETWORKS, INC. 7 TECHNOLOGY PARK DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2010 | | | | | | | | | | X belo | | | |
| (Street) WESTFORD MA 01886 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. I Lin | e) <mark>X</mark> For For | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Transaction Disposed Of (I Code (Instr. 5) | | | | es Acquired (A) o Of (D) (Instr. 3, 4 | | Secui Bene Owne | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Price | | action(s) 3 and 4) | | (Instr. 4) | |
| Common Stock 06/04/ | | | | ′2010 | | S | | 224 | | D | \$2.6 | 1 1 | 12,098 | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 3) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | B. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) (D) | | | | Expiration Date | Title of Share | | res | | | | |

Explanation of Responses:

Remarks:

Matthew S. Dillon

06/07/2010

** 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.