## Edgar Filing: Davies Benjamin Drew - Form 4

	OMB APPR OMB 3 Number:	OVAL		
UNITED STATES SECONTILES AND EACHANGE COMMISSION	OMB 3	OVAL		
UNITED STATES SECONTILES AND EACHANGE COMMISSION	- 3			
	vullibel.	235-0287		
subject to Section 16. SECURITIES	Expires: Ja Estimated avera burden hours po response			
(Print or Type Responses)				
1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading       5. Relationship of Reporting Person *         Davies Benjamin Drew       Symbol       Issuer         EXTREME NETWORKS INC       5. Relationship of Reporting Person *	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
6480 VIA DEL OPO 08/22/2017 below)	Officer (give title Other (specify			
Filed(Month/Day/Year)       Applicable Line)         _X_ Form filed by One	r Joint/Group Filing(Check ) by One Reporting Person by More than One Reporting			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or	r Beneficially O	wned		
Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form	n: Direct Indir or Indirect Bend Owr			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection information contained in this form are required to respond unless the form displays a currently valid OMB contro number.	e not (9	1474 -02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and Expiration	7. Title and Amoun
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	, ( (	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code '	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
RSU Award	\$ 0	08/23/2017		А		48,491		08/23/2018 <u>(1)</u>	08/23/2020 <u>(2)</u>	Common Stock	48,4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Davies Benjamin Drew 6480 VIA DEL ORO SAN JOSE, CA 95119			EVP Chief Financial Officer					
Signatures								
Quentin Wright, Power of		08/25/2017						

Attorney

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

\* 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).

(1) This time based RSU award vests as to 1/3 on 8/23/2018 and 1/12 each quarter thereafter.

(2) This is not an applicable reportable field for this type of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.