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CARINALI	LI CHARLES										
Form 4											
November 2	20, 2017										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check th								Expires:	January 31,		
subject t	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (ERSHIP OF	Estimated average			
-	Section 16. SECURITIES								burden hours per		
	Form 4 or							response 0.5			
Form 5	The pursually to be the role of the becultures Exchange Act of 1754,							Act of 1934,			
obligatio may con		a) of the F	Public U	tility Hol	lding Cor	npan	y Act of 1	1935 or Section			
See Inst		30(h)	of the Iı	nvestmen	t Compar	ny Ac	t of 1940				
1(b).											
	_										
(Print or Type	Responses)										
1 Name and	Address of Reporting	Derson *	. .	N	1 (7) 1		4	Delationship of I	Paparting Dars	on(s) to	
	LI CHARLES			er Name an	a ficker or	Tradi	0	5. Relationship of Reporting Person(s) to Issuer			
		Symbol									
		EXTREME NETWORKS INC [EXTR]				~	(Check all applicable)				
			-	-							
(Last) (First) (Middle)			3. Date of Earliest Transaction				-	X_ Director 10% Owner Officer (give title Other (specify			
			(Month/Day/Year)				- t	below) below)			
6480 VIA DEL ORO 11/16/2017											
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
		Filed(Month/Day/Year)					Applicable Line)				
					K_ Form filed by One Reporting Person _ Form filed by More than One Reporting						
SAN JOSE	, CA 95119						I	Person		0	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secur	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date							5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if	Code (Instr. 3, 4 and 5)				Securities Beneficially Owned	Ownership	Indirect	
(Instr. 3)		any (Month/Da	v/Vear)						Form: Direct (D)	Beneficial Ownership	
		(Month/Day/Year		(instr. 0)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	11/16/2017	11/16/20	17	S	5,000	D	\$ 12.75	386,353	D		
Stock	11/10/2017	11/10/20	17	5	5,000	D	ψ12.75	500,555	D		
Common				~			\$				
Stock	11/17/2017	11/17/20	17	S	15,000	D	12.9585	371,353	D		

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

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 control number.

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 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
CARINALLI CHARLES 6480 VIA DEL ORO SAN JOSE, CA 95119	Х						
Signatures							
Quentin Wright, Power of Attorney		11/20/2017					
**Signature of Reporting Person		Date					
Explanation of Responses:							

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).

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.