Instruction 1(b).

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APP | ROVAL | | | | | | | |
|--|---|-------|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | |
| | | | | | | | | | |
| | hours per response | 0.5 | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Phipps Jason | | | | 2. Issuer Name and Ticker or Trading Symbol CIENA CORP [CIEN] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|--|---|--|---------|---|---|--|--------|-----------------------|---|-------------------------------------|---|--|---|---|---|---------------------------|---|--|--|
| (Last) | (Fii | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024 | | | | | | | | X | below | er (give title v) Global Sal | es an | Other (below) ad Market | | |
| 7035 RIDGE RD. | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) HANOV | Street) HANOVER MD 21076-1426 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | y/Year) Execut | | Deemed ution Date, / th/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | Report Trans (Instr. | | saction(s) r. 3 and 4) | | | (Instr. 4) |
| Common Stock 04/01/2 | | | | 2024 | | | | S | | 2,792(1) | D | \$49 | 349.61 1 | | 100,853(2) | | 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 | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | 4. Transaction Code (Instr. 8) | | of | r osed (1. 3, 4 | 6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expirati Exercisable Date | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) Amou or Numb of Title Share | | unt ber | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Sales were effected pursuant to Rule 10b5-1 trading plan dated 03/29/2023.
- 2. Shares reported include unvested Restricted Stock Units (RSUs) and Performance Stock Units (PSUs).

By: Michelle Rankin For: Jason Phipps

04/03/2024

** 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.