FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| n, D.C. 20549 | OMB APPROVAL |
|---------------|--------------|
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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

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|---|--|--|---|---------|---|---|---------|------|---|------------------------|---|---|--|------|---|---|--|----------------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol CIENA CORP [cien] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>CASH HARVEY B</u> | | | | | | | | | | - | | | | |) <u>}</u> | Directo | r | | 10% O | wner | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2005 | | | | | | | | | _ | Officer below) | (give title | | Other (below) | specify | |
| 13455 NOEL ROAD | | | | | 103/ | 1//2 | .005 | | | | | | | | | | | | | | |
| SUITE 1670 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| DALLA | S T | X | 75240 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non | -Deriv | ative | e Se | curitie | s Ac | qui | ired, D | isp | osed o | f, or E | 3ene | ficially | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date | | | ·,] | | ansaction Disposed Of (D) (Instr. 3, ode (Instr. 5) | | | | 5. Amour Securitie Beneficia Owned F | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | (| Code V | • | Amount | t (A) or (D) | | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | 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 Da if any (Month/Day/ | ate, Ti | 4. Transactior Code (Instr. 8) | | | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | | | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e C s F ully C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exe | e rcisable | | Expiration Date | Title | C | Amount or Number of Shares | | | | | | |
| stock option (right to buy) | \$1.85 | 03/17/2005 | | | A | | 20,000 | | 03/1 | 17/2005 ⁽¹⁾ | | 03/17/2015 | Comn | | 20,000 | \$0 | 20,00 | 00 | D | | |

Explanation of Responses:

<u>/s/Harvey B. Cash/Anita</u> <u>Weiskerger per poa</u>

03/18/2005

** 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.