FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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 7									
	nd Address of		2. Issuer Name and Ticker or Trading Symbol CIENA CORP CIEN									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
MOYLAN JAMES E JR						CILITI COIL [ CILIT ]										Direc	ctor	10%	Owner	
(Last) (First) (Middle)															X Office below		er (give title v)	Othe belo	er (specify w)	
(Last)	(Fi		3. Date of Earliest Transaction (Month/Day/Year) 06/29/2017											SVP Finance, CFO		•				
C/O CIENA CORPORATION							00/29/2017										OVI IIII	inice, Gr O		
7035 RIDGE RD.																				
7000 RIDGE RD.						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
					.   7. "	4. II Amendment, Date of Original Fliet (Month/Ddy/Teal)									Line)					
(Street)														X Form filed by One Reporting Person						
HANOV	ER M	D 2	21076-14	26											Form filed by More than One Reporting					
					-											Pers		e tricari orie re	oporting	
(City)	(St	ate) (	Zip)																	
						_							_	<u> </u>						
		Tabl	le I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	ot, oi	r Ben	etici	ally C	)wne	ed			
1. Title of 9	Security (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)							ount of	6. Ownership	7. Nature	
				Date (Month/I	Dav/Yea		Execution Date, if any					Disposed Of (D) (Instr. 3, 4			and Securi			Form: Direct (D) or Indirect	of Indirect Beneficial	
					(montal Day real)		(Month/Day/Year)				] "				Owne		d Following	(I) (Instr. 4)	Ownership	
									0-4-	do M Amount		(A) or Pr		D	Repor		ted action(s)		(Instr. 4)	
							Code	V	Amount		(D)	Price		(Instr. 3 and 4)						
Common Stock 06/29/						9/2017					2,000	1)	D	\$26.04		395,303 <sup>(2)</sup>		D		
		Ta	shlo II I	Dorivat	ivo S	0011	ritios	Λοαμί	irod D	icno	sed of,	or B	Popofi	oiall	· · ·	mod		<u>'</u>		
		16									onvertib				y Ow	nieu				
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mher	6 Date F	verci	sable and	7 Ti	itle and		8. Pri	ce of	9. Number o	of 10.	11. Nature	
Derivative	Conversion or Exercise Price of Derivative	Date	Execution		Transa		n of r. Derivative Securities Acquired		Expiration Date (Month/Day/Year)			Amount of			Derivative Security (Instr. 5)		derivative	Ownershi	p of Indirect	
Security (Instr. 3)			if any (Month/Da		Code (	Instr.							Securities Underlying				Securities Beneficially	Form: Direct (D)	Beneficial Ownership	
(			(		٠,					Derivative Security (Instr.			1, ,		Owned	or Indirec	t (Instr. 4)			
	Security							(A) or Disposed							str. 3	Following Reported	(I) (Instr. 4	9		
						of (D)						and 4)				Transaction	(s)			
						(Instr. 3, 4 and 5)										(Instr. 4)				
				-								-	Т.		-					
										- 1			Am	ount						
									D-4-				Nur	nber	r		1	1		
						v					Expiration Date	Title	of Sha	ares						

## **Explanation of Responses:**

- 1. Sales were effected pursuant to Rule 10b5-1 trading plan dated 1/13/2017.
- $2. \ Shares \ reported \ include \ unvested \ Restricted \ Stock \ Units \ (RSUs) \ and \ Performance \ Stock \ Units \ (PSUs).$

By: Michelle Griswold For: James E. Moylan Jr.

06/30/2017

\*\* 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.