FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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. Name and Address of Reporting Person* SMITH ARTHUR D | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CIENA CORP [CIEN] | | | | | | | | | | | of Reporting Pericable) or r (give title | | rson(s) to Is 10% O Other (| /ner | |
|--|---|--|--|--------------------|--|---|---|----------|--|------------------|---|-----------------|---|---------------|-----------------------------------|--|---|---|--|--|------------|--|
| | (F NA CORPO NTERSON | ORATION | (Middle) | | | | of Earlie 2008 | est Tran | nsaction (Month/Day/Year) | | | | | | | | below |) " | below) DPERATING OFFICE | | | |
| (Street) | CUM, M | D . | 21090 | | _ 4. If | f Am | endmen | t, Date | of C | Original | Filed | (Month/D | ay/Ye | ear) | | Line) | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | - | | | | | | | | | | | | Perso | n | | | | |
| | | Tab | le I - No | n-Deriv | ative | e Se | curiti | es Ac | qu | ıired, | Dis | osed o | of, o | r Be | nefic | cially | Owne | d | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. r) 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Securi Benefi Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Ì | Code | v | Amount | | (A) or (D) | Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | | 06/09 | 06/09/2008 | | | | | М | | 967 | | A | \$2 | 16.52 | 10 | 4,541 | | D | | |
| Common Stock | | | | 06/09 | 06/09/2008 | | | | | S ⁽¹⁾ | | 767 | | D | \$2 | 28.56 | 103,774 | | D | | | |
| Common Stock | | | | 06/09 | 9/2008 | | | | | S ⁽¹⁾ | | 200 | | D | \$ | 28.4 | 103,574 | | D | | | |
| | | Т | able II - | Deriva (e.g., p | | | | | | | | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | S (I | . Price of perivative security nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owi Fori Dire or li (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | piration ate | Title | . | Amou or Numb of Share | er | | | | | | |
| Non- Qualified Stock Option | \$16.52 | 06/09/2008 | | | M | | | 967 | | (2) | 11 | /02/2015 | | nmon ock | 96 | 7 | \$0 | 16,447 | , | D | | |

Explanation of Responses:

buy)

- 1. Sales were effected pursuant to Rule 10b5-1 trading plan dated 3/19/07.
- 2. Option vests at a rate of 25% on October 31, 2005 and 2.084% for each of the 36 months thereafter.

By: Erik Lichter For: Arthur D. 06/10/2008 Smith

** 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.