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							
Estimated average burden								
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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

							. ,				<u> </u>									
Name and Address of Reporting Person* Rothenstein David M							2. Issuer Name and Ticker or Trading Symbol CIENA CORP CIEN								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Rotnen	<u>stein Dav</u>	<u>10 M</u>			1		100	<u> </u>	CILIT ,							Direc	ctor	10%	Owner	
,		-										X	Office	er (give title v)	Other below	(specify				
(Last)	(Fii		3. Date of Earliest Transaction (Month/Day/Year)											Sr. VP, General Counsel		•				
C/O CIENA CORPORATION						01/15/2014											51. VI, GEI	ierai Courisei		
7035 RIDGE RD.														+						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
	(Street) HANOVER MD 21076-142			26											X Form filed by One Reporting Person					
	TIANOVER IVID 210/0-14				.										Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac							ction 2A. Deemed				3. 4. Securities Acquired (A)					5. Amo	ount of	6. Ownership	7. Nature	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,		Date		Execution Date,						Of (D	Of (D) (Instr. 3, 4 an					Form: Direct	of Indirect	
(Month/Da						ay/Year) if any (Month/Day/Year)			Code (Instr. 5)						Benef			(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
						(Month Buy/ real)							Rep		ted	(,, (,	(Instr. 4)			
							Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock 01/15/									S		1,500(1	1)	D	\$22.4		254,127 ⁽²⁾		D		
				<u> </u>						<u> </u>			<u> </u>							
		Ta									sed of,				y Ov	vned				
			(e.g., pu	uts, c	alls	, warr	ants,	option	is, c	onvertib	le s	ecuri	ties)						
1. Title of Derivative	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any	Date,	4. Transaction Code (Instr		on of tr. Derivative		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities			8. Price of Derivative Security		9. Number o	f 10. Ownership	11. Nature of Indirect Beneficial		
Security									(Month/Day/Year)							Securities	Form:			
(Instr. 3)	Instr. 3) Price of Derivative Security (Month/Day/			Month/Day/Year) 8)		8)		Securities Acquired		Underlying Derivative					(Inst	r. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
							(A) or		Security (Inst				str. 3	3		Following	(I) (Instr. 4)	(111341. 4)		
							Disposed		a			and	and 4)			Reported	(6)			
							of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)	(S)		
																	(
			Ī									Δm	ount							
													or							
							, I	Date		Expiration		Nur	mber							
					Code	v	(A)		Exercisa		Date	Title		ares						

Explanation of Responses:

- 1. Sales were effected pursuant to Rule 10b5-1 trading plan dated 7/15/2013.
- 2. Shares reported include unvested Restricted Stock Units (RSUs).

By: Erik Lichter For: David M Rothenstein

01/16/2014

** 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.