FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	,
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

					\neg														
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)						
PETRIK ANDREW C					ILI	<u> </u>	<u>vi</u> [CILIV					Directo	r		10% Ov	/ner		
					-									X Officer below)	(give title		Other (s	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2003								V.P., Controller and Treasurer					
1201 WINTERSON ROAD				'-	12/07/2005								٧.1.,	Controlle	or and	Treasure	·		
						4 If Amandmant Data of Original Filed (Manth/Dougle-en)								C. ladicidual as Isiat/Ossus Filips (Obsels Applicable					
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
LINTHI	CUM M	ID	21090											X Form f	led by One	Repo	rting Persor	n	
			.									Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)											Persor	ı				
. ,,	`																		
		Tal	ble I - Nor	1-Deri	vativ	e Se	curitie	s Ac	quired, l	Dis	posed o	f, or Bei	neficiall	y Owned					
1. Title of S	saction	n	ed	3.	41	4. Securit	ies Acquire	d (A) or	5. Amou Securitie		6. Ownership Form: Direct		7. Nature of						
Date (Month/Date				/Day/Y	ay/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 5)			r. 3, 4 and	Benefici	ally	(D) oi	Indirect E	Beneficial			
								r) 8)					Owned F Reported				Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Transact	ransaction(s) nstr. 3 and 4)			` '			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction					5. Numb			6. Date Exercisable and 7. Title and Am			d Amount	8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D		Transa Code (tr. Derivative (N Securities		Expiration (Month/Day			of Securit		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day		B)				(,			Derivative Securi		(Instr. 5)	Beneficially		Direct (D) or Indirect	Ownership	
Security					Acquired (Instr. 3 and 4) (A) or Disposed of (D) (Instr.							na 4)		Owned Following	ollowing (I		(Instr. 4)		
													Reported Transaction(s)						
				3, 4 and 5)								_	(Instr. 4)						
													Amount						
										1.			Number						
					Code	v	(A)		Date Exercisable		Expiration Date	Title	of Shares						
Employee								\Box		\top									
Stock	\$6.76	12/09/2003					80,000		12/09/2004 ⁰	\perp	12/09/2013	Common	80,000	\$6.76	80.00	_	D		
Option (right to	Φ0.70	12/09/2003			Α		80,000		12/09/2004	(-)	14/09/2013	Stock	00,000	\$0.70	80,00	U	ע		

Explanation of Responses:

1. The shares are execisable at a rate of 25% on the one year anniversary date and 2.084% for each full month after the vesting commencement date.

Andrew C. Petrik/Anita 12/11/2003 Weiskerger by POA

** 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.