FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235

| ОМВ | Number: | 3235-0287 | | | | | | |
|-------|--------------------------|-----------|--|--|--|--|--|--|
| Estin | Estimated average burden | | | | | | | |
| hours | s 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. Name and Address of Reporting Person* Rowny Michael J | | | | 2. Issuer Name and Ticker or Trading Symbol CIENA CORP CIEN | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---------|--|---|---|---|--|----------|------|--|--|---|--|---|---|--|---------------|--|---|
| Rowny Michael J | | | | | | • | | - | | | | - 1 | X Directo | r | | 10% Ow | /ner | |
| (Last) (First) (Middle) 5329 WOODLAWN AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2005 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | |
| 3325 WOODERWINIIVEROE | | | | _ 4.1 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | Line | , | | | | |
| CHEVY | CHASE M | ID | 20815 | | | | | | | | | | | | • | | rting Persor One Repor | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | Persor | 1 | | | |
| | | Tal | ole I - Nor | n-Deriv | vativ | e Se | curities | s Ac | quired, D | isp | osed of | f, or Ber | eficial | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | 5. Amou Securition Benefici Owned I | s Form Illy (D) o ollowing (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code V | , | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | expiration vate | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to | \$1.85 | 03/17/2005 | | | A | | 11,667 | | 03/17/2005 ⁽¹⁾ | 0 | 3/17/2015 | Common Stock | 11,667 | \$0 | 11,66 | 7 | D | |

Explanation of Responses:

 $\boldsymbol{1}.$ The shares vest on the one year annivesary of the grant date.

/s/Michael J Rowny/by Anita Weiskerger per POA

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.