FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

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 Nome on	d Addross of	Donorting Doroon*			2 15	suer	Name <b>a</b>	nd Tick	er or Trac	dina S	Symbol			5	Rela	tionshi	n of Reportin	a Person(s) to I	ssuer
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol CIENA CORP [ CIEN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GALLAGHER PATRICK					CIET COLL COLL C									X	Direc	ctor	10% (	Owner	
(Land) (Final) (Middle)				3. D	Date of Earliest Transaction (Month/Day/Year)							$\dashv$		Officer (give title below)		Other below	(specify		
(Last) (First) (Middle)					06/01/2011										50.0	••,	20.011	,	
C/O CIENA CORPORATION																			
1201 WINTERSON ROAD				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable					
				1									L	Line)					
(Street) LINTHIC	CUM. M	ם מ	21090												X		,		
LINIIIC	ZOWI, W	.D 2	.1050											Form Pers		e than One Rep	orting		
(City)	(S	tate) (	Zip)																
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed		
1. Title of S	ecurity (Ins	tr. 3)		2. Transa	action					3. 4. Securities Acquired (A)							ount of	6. Ownership	7. Nature
				Date (Month/D	Day/Yea			Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)			3, 4 a	Benef		cially	Form: Direct (D) or Indirect	of Indirect Beneficial			
					(Mon		(Month/Da	Month/Day/Year)		8)					Repor			(I) (Instr. 4)	Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	.	Transaction(s) (Instr. 3 and 4)			
Common Stock 06/0				06/01	5/01/2011				S <sup>(1)</sup>		257		D	\$26	.57	16,871(2)		D	
		т-	la II F	)	C			Ai	uad Di				) f						l
		18									sed of, onvertib				y Ov	vnea			
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any	Date, Tr	4.				6. Date Exercisal			7. Title and				ice of	9. Number o		11. Nature
Derivative Security	Conversion or Exercise				Code (	Transaction Code (Instr.		. Derivative (		Expiration Date (Month/Day/Year)			Amount of Securities		Derivativ Security		Securities	Ownership Form:	of Indirect Beneficial
(Instr. 3)	Instr. 3) Price of (Month/Da		ay/Year)   8)		Securities Acquired			Underlying Derivative					(Inst	r. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)		
	Security									curity (In	str. 3			Following Reported	(I) (Instr. 4)				
							of (D)		and 4)							Transaction (Instr. 4)	(s)		
							and 5										(111501.4)		
										$\neg$			Am	ount					
						or Numbe			nber										
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of e Sha	ares					

## **Explanation of Responses:**

- 1. Shares reported represent an amount sold to cover the tax liabilities of the reporting person pursuant to a 10b5-1 sales instruction related to a restricted stock unit (RSU) award agreement dated 05/27/2009. Acquisition of the RSU was previously reported in Table I of reporting person's Form 4 on 05/28/2009.
- 2. Shares reported include unvested Restricted Stock Units (RSUs).

By: Erik Lichter For: Patrick T. Gallagher 06/02/2011

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.