JOHNSON KEVIN R

Form 4

February 11, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Number: January 31, 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations SECURITIES SECURITIES

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. *See* Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * JOHNSON KEVIN R			Symbol		d Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	JUNIPER NETWORKS INC [JNPR] 3. Date of Earliest Transaction			(Check all applicable)			
, , ,	194 NORTH MATHILDA			Day/Year) 2011	ransaction	Director 10% Owner _X_ Officer (give title Other (specify below) Chief Executive Officer			
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
SUNNYVALE, CA 94089			Filed(Mo	onth/Day/Yea	ar)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year			3. Transacti Code	4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially	6. Ownership Form:	7. Nature Indirect Beneficia	

						-	•		•
1.Title of Security	2. Transaction Date (Month/Day/Year)	. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if			d of (Ľ			Ownership	Beneficial
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	Code (Instr. 3, 4 and 5)			Beneficially Owned	Form: Direct (D)	
		(minus buji i eur)	(2115411 0)				Following	or Indirect	(Instr. 4)
					(A)		Reported Transaction(s)	(I) (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(IIIstr. 4)	
Common Stock	02/09/2011		M	150,000 (1)	A	\$ 0	284,396	D	
Common Stock	02/09/2011		F(2)	67,637	D	\$ 40.33	216,759	D	

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

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SEC 1474

(9-02)

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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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A N S
Performance Shares	\$ 0	02/09/2011		M	150,000	02/09/2011(3)	03/01/2013	Common Stock	1

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JOHNSON KEVIN R 1194 NORTH MATHILDA AVENUE SUNNYVALE, CA 94089

Chief Executive Officer

Signatures

By: Mitchell L. Gaynor, Attorney in fact For: Kevin R. Johnson

02/11/2011

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Represents the issuance of common stock pursuant to the vest of performance share award.
- (2) Represents shares withheld from the released share award for the payment of applicable income and payroll withholding taxes due on release.
- (3) Following each fiscal year the number of shares he will receive with respect to that fiscal year will be calculated and the resulting shares issued will be fully vested.
- (4) Column 8 is not an applicable reportable field.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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