

## JUNIPER NETWORKS INC

# Reported by **DOLCE JAMES A JR**

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 04/19/04 for the Period Ending 01/29/04

Address 1133 INNOVATION WAY

SUNNYVALE, CA 94089

Telephone 4087452000

CIK 0001043604

Symbol JNPR

SIC Code 3576 - Computer Communications Equipment

Industry Communications Equipment

Sector Technology

Fiscal Year 12/31





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

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

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#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
DOLCE JAM	ES A JI	R				NIPER NPR]	NE	ETWOR	KS IN	C	Direct	or	_	10% O	wner	
(Last)	(First)	(Mid	dle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)					below)	X Officer (give title below) below) EVP Worldwide Field Oper			r (specify		
1194 NORTH MATHILDA AVENUE					1/29/2004						EVI WO	ilawiae i	rield Oper	ations		
	(Street)					Amendn DD/YYYY)		, Date Ori	ginal File	ed	6. Individ Applicable L		nt/Group l	Filing (Che	eck	
SUNNYVALE, CA 94089 (City) (State) (Zip)												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table l	[ - Non-I	Deriv	ati		itie				r Beneficiall					
1.Title of Security (Instr. 3)				2. Tra	ans.	2A. Deemed Execution Date, if	n (I	ode Anstr. 8) D	Securities (A) Disposed of (Instr. 3, 4 an (A) or (D)	or Foll (Ins d 5)	mount of Securiti owing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Tab	le II - Dei	rivative	Securitie	es Be	enef	ficially O	wn	ed ( <i>e.g.</i> ,	puts, cal	lls, warr	ants, options	, convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans Code (Instr 8)	S	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	(4)		
Non-Qualified Stock Option (right to buy)	\$28.17	1/29/2004		A		300000		(1)	1/29/2014	Common Stock	300000	\$28.17	300000	D		

#### **Explanation of Responses:**

(1) Vests as to 25% of the shares subject to the option on the first anniversary of the date of grant and monthly thereafter as to 1/48th of the shares subject to the option.

**Reporting Owners** 

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DOLCE JAMES A JR 1194 NORTH MATHILDA AVENUE			EVP Worldwide Field Operations				
SUNNYVALE, CA 94089							

#### **Signatures**

James A. Dolce, Jr.

4/19/2004

Date

\*\* Signature of Reporting Person

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 control number.