FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |

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). | |

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* <u>CHEN PEHONG</u> | | | | 2. Issuer Name and Ticker or Trading Symbol FORTINET INC FTNT | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--|--|---------------------------|---|--|-----------|---|---------------|--------|--|---|---|---|---------------------------------|--|---------------------------------------|
| | | | | | | | | | | | | | X Directo | r | | 10% Ov | vner | |
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/05/2010 | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| C/O FORTINET, INC. | | | | | | | | | | | | | | | | | | |
| 1090 KIFER ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | - 1 | , | led by One | Repo | rting Persor | , |
| SUNNY | VALE C | A | 94086 | | | | | | | | | | | | led by More | | One Repor | - 1 |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | | |
| | | Tal | ble I - Non- | -Deriva | ative | _ | | | - | ispos | sed of | , or Ber | eficial | - | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | ar) I | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Ins | Transaction Disposed Of (D) (In Code (Instr. 5) | | | | Benefici Owned F | es ally Following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code V | Am | nount | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| | | | Table II - D | | | | | | | | | | | Owned | | | | |
| | | | (6 | e.g., pu | uts, c | can | s, warr | ants | s, options, | conv | vertib | ie secu | rities) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Co | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | and | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode \ | v | (A) | (D) | Date Exercisable | Expir Date | ration | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$17.98 | 08/05/2010 | | I | A | | 24,000 | | 09/05/2010 ⁽¹⁾ | 08/05 | 5/2017 | Common Stock | 24,000 | \$0 | 24,000 |) | D | |

Explanation of Responses:

 $1. \ The \ option \ vests \ in \ forty-eight \ equal \ monthly \ installments \ beginning \ on \ September \ 5, \ 2010.$

/s/ Robert Turner, by power of

attorney

<u>08/06/2010</u>

** 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.