FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | 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

| | | | | | | _ | | | | | | | | | _ | | | | | | | | |
|--|--|-------|--------------------------|--|------------------------|-----------------------------------|---|------------------|------------|-----------------------------------|--|---------------------------|----------------------|-------------|------------------------|---|---|--------------------------------------|------------------|---------------------------|---------------------------|--|--|
| Name and Address of Reporting Person* Whittle John | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FORTINET INC [FTNT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Whittle John | | | | | | | | | | | | | | | | | Direc | ctor | 10 | % Ov | vner | | |
| | | | | | | 3 D | 2. Data of Farliagt Transaction (Month/Day/Year) | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/22/2016 | | | | | | | | | | VP C | CorpDev&Strat Alliance | | ce. C | GC. | | |
| C/O FORTINET, INC. | | | | | | 03/ | | | | | | | | | | | | orportati | , cr cc 1 1111c1 | сс, с | | | |
| 899 KIFER ROAD | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 1 If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| | | | | | | . 7. " | 4. II Amenument, Date of Original Filed (World/Day/Year) | | | | | | | | | | Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| SUNNYVALE CA 94086 | | | | | | | | | | | | | | | , , , | | | | | | | | |
| , | | | | | | - | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | | (Sta | te) (| Zip) | | | | | | | | | | | | | | | | | | | |
| (Oity) | | (Ota | (2 | P <i>)</i> | | | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acq | uired, | Dis | posed o | f, oı | r Bene | efici | ally | Owne | ed | | | | | |
| 1. Title of S | ecurity (I | nstr. | 3) | | 2. Trans | action | ction 2A. Deemed | | | | 3. 4. Securities Acquired (A) | | | | | | | ount of | 6. Ownersh | | 7. Nature | | |
| | | | - | | Date | DaylVa | Execution Date, ly/Year) if any | | | | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) | | | 3, 4 a | 4 and Securi Benefi | | | Form: Direction (D) or Indirection | | of Indirect Beneficial | | | |
| | | | | | (Month/Day/Year) | | | (Month/Day/Year) | | | | | | Ow | | d Following | (I) (Instr. 4) | | Ownership | | | | |
| | | | | | | | | | | | | | (4) ar | | | \dashv | Reported Transaction(s) | | | - 10 | (Instr. 4) | | |
| | | | | | | | | | | Code | V | Amount | (A) or (D) Pri | | Price | | | 3 and 4) | | | | | |
| Common Stock 03/22 | | | | | | | 5 | | | S ⁽¹⁾ | | 1,779 | 9 D | | \$3 | \$30 | | 5,241 | D | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | |
| | | | | ,, | e.y., p | uts, c | alis | , waii | ants, | options | 5, C | niverus | ne 5 | ecum | 162) | | | | | | | | |
| 1. Title of | 2. | | 3. Transaction | 3A. Deeme Execution if any (Month/Day | | 4. Transaction Code (Instr. | | on of | | 6. Date Exercisable and | | | 7. Title and | | | 8. Price of | | 9. Number o | | | 11. Nature | | |
| Derivative Security | Conversion or Exercise | | Date (Month/Day/Year) | | · 1 | | | | | Expiration (Month/Da | | | Amount of Securities | | | Derivative Security | | derivative Securities | Owners Form: | | of Indirect Beneficial | | |
| (Instr. 3) | Price of | ~ | | | | 8) | | Securities | | (montane | .y, . c. | , | Und | Underlying | | | r. 5) | Beneficially | Direct (| o) | Ownership | | |
| Derivative | | | · ' ' | | | Acquired | | | Derivative | | | | -4u 2 | | | Owned | or Indir | | (Instr. 4) | | | | |
| Security | | | | | | (A) or Disposed | | | | | | Security (Instr. : and 4) | | | 3 | | Following Reported | (I) (Insti | · 4) | | | | |
| | | | | | of (D) | | | | und 4) | | | | | Transaction | | | (s) | | | | | | |
| | | | | | (Instr. 3, 4 and 5) | | | | | | | | (Instr. 4) | | | | | | | | | | |
| | | ŀ | | | and 3 | , | | _ | | - | | | | | | | | | | | | | |
| | | | | | | | | | | | Ame or | ount | | | | | | | | | | | |
| | | | | | | | | | | | Nun | nber | | | | | | | | | | | |
| | | | | | Code | | | | | te Expiration ercisable Date Titl | | | of Sha | res | | | | | | | | | |
| | l | - 1 | | | - 1 | Coue | ١ ٧ | 1 (~) | ן ניין | -vei ciodi | ייכן י | Jaic | 1 11116 | , Jila | 163 | 1 | | l | 1 | - 1 | | | |

Explanation of Responses:

1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February 24, 2015.

/s/ John Whittle

03/23/2016

** 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.