FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* PAISLEY CHRISTOPHER B						2. Issuer Name and Ticker or Trading Symbol FORTINET INC [FTNT]										eck all app X Direc	licable)	ng Pei	rson(s) to Iss 10% Ov		
(Last) (First) (Middle) C/O FORTINET, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/06/2015										Office belov	er (give title /)		Other (s below)	specify	
899 KIFER ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) SUNNYVALE CA 94086					_											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																		
			le I - Noi	1		_			cqu	-	Disp							1			
1. Title of Security (Instr. 3) 2. Transplate (Month/I						ear)	2A. Deemed Execution Date, if any (Month/Day/Year			Code (Instr.					Benefic Owned	ies cially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Ì	Code	v	Amount	(A) (D)	or	Price	Report Transa (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 08/06						5				M ⁽¹⁾		1,32	5 <i>A</i>	Λ	\$ <mark>0</mark>	5	1,080		D		
Common Stock 08/08/					8/201	′2015				M ⁽²⁾		313	3 <i>I</i>	A	\$0	5	51,393		D		
		T	able II -										, or Be			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transa Code (8)				Ex	Date Exer piration I onth/Day	Date		nd 7. Title and Amount of Securities Underlyin Derivative (Instr. 3 and			8. Price of Derivative Security (Instr. 5)		e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	le V		(D)	Dat	te ercisable		piration ate	Title	or Nu of	mber						
Restricted Stock Units	\$0 ⁽³⁾	08/06/2015			M ⁽¹⁾			1,325		(4)		(4)	Commor Stock	1,	,325	\$0	3,975	5	D		
Restricted Stock	\$0 ⁽³⁾	08/08/2015			M ⁽²⁾			313		(5)		(5)	Commor Stock	3	313	\$0	1,250	0	D		

Explanation of Responses:

- 1. Vesting of restricted stock units ("RSUs") granted to the Reporting Person on August 6, 2014.
- 2. Vesting of RSUs granted to the Reporting Person on August 8, 2012.
- 3. Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 4. 25% of the RSUs vested on August 6, 2015, then the remaining 75% of the RSUs vest in equal installments on each quarterly anniversary thereafter, until such time as the RSUs are 100% vested, subject to the continuing service of the Reporting Person on each vesting date. Shares of the Issuer's common stock will be delivered to the Reporting Person upon vesting.
- 5. 25% of the RSUs vested on August 8, 2013, then the remaining 75% of the RSUs vest in equal installments on each quarterly anniversary thereafter, until such time as the RSUs are 100% vested, subject to the continuing service of the Reporting Person on each vesting date. Shares of the Issuer's common stock will be delivered to the Reporting Person upon vesting.

Remarks:

Units

/s/ John Whittle, by power of attorney

08/10/2015

** 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.