FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

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

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*  Whittle John						2. Issuer Name <b>and</b> Ticker or Trading Symbol FORTINET INC [ FTNT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) C/O FOF	(Last) (First) (Middle) C/O FORTINET, INC. 1090 KIFER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2011								^ belov		eral C	below)	вреспу 	
(Street) SUNNY (City)			94086 (Zip)		- <b>4.</b> I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - N	Non-Deriv	vative	e Sec	uriti	ies A	cquire	d, D	isposed o	of, or B	enefici	ally Owne	d				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			) Securi Benefi Owner	cially d Following	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
			Code			v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common Stock 03/01/202				011	1		М		2,499	A	\$7.4	7	2,499		D				
Common Stock 03/01/202			011	1		S <sup>(1)</sup>		2,499	D	\$40.77	<b>11</b> <sup>(2)</sup>	0		D					
		Т	able I								sposed of, , converti								
1. Title of Derivative Security (Instr. 3)	Conversion Date Exec or Exercise (Month/Day/Year) if any		if any	tion Date, Trai		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D. (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		ly	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares	r					
Employee Stock Option (right to buy)	\$7.47	03/01/2011			M			1,041	(3	)	04/23/2015	Commor Stock	1,041	\$0	14,584	ļ	D		
Employee Stock Option (right to	\$7.47	03/01/2011			M			1,458	(4	)	01/28/2016	Commor Stock	1,458	\$0	33,542	2	D		

## **Explanation of Responses:**

- $1.\ The\ sale\ reported\ on\ this\ Form\ 4\ was\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ August\ 30,\ 2010.$
- 2. The sale price reported in column 4 of Table I represents the weighted average sale price of the shares sold ranging from \$40.52 to \$41.00 per share. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.
- 3. One-fourth of the shares subject to the option vested on April 23, 2009 and one forty-eighth of the shares shall vest monthly thereafter.
- 4. One-fourth of the shares subject to the option vested on January 28, 2010 and one forty-eighth of the shares shall vest monthly thereafter.

03/0<u>3/2011</u> \*\* 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 Number.