FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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]									onship o all applic Directo	able)	g Pers	son(s) to Iss 10% Ov	
	(F RTINET, IN ER ROAD	•	(Middle)		3. Date of Earliest Transaction (f 08/06/2014							av/Year)	6.	Individ	Officer (give title below)			Other (s below)	
(Street) SUNNY (City)		State)	94086 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lir	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	n-Deri	vative	e Se	curitie	s Ac	quired	Dis	posed o	of, or Be	neficia	lly O	wnec	l			
			2. Tran Date (Month	saction /Day/Ye	ear)	2A. Deem Execution if any (Month/D	Code (Instr. 5)					4 and Securit Benefic Owned		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	ınt (A) or P		т	Reported Transaction(s (Instr. 3 and 4				
Common Stock 08/08				8/201	/2014			M ⁽¹⁾		313	313 A			2,	2,500		D		
		7	able II -									, or Ben		y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transac Code (II			of		6. Date Exercisa Expiration Date (Month/Day/Yea			Amount of Securities Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of frivative curity str. 5) 9. Numb derivative Securitie Beneficia Owned Followin Reporter Transact (Instr. 4)		ve es ally ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	1					
Restricted Stock Units	\$0 ⁽²⁾	08/06/2014			A		5,300		(3)		(3)	Common Stock	5,300		\$0	5,300)	D	
Restricted Stock Units	\$0 ⁽²⁾	08/08/2014			M ⁽¹⁾			313	(4)		(4)	Common Stock	313		\$0	2,500)	D	

Explanation of Responses:

- 1. Vesting of restricted stock units ("RSUs") granted to the Reporting Person on August 8, 2012.
- 2. Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 3. 25% of the RSUs vest 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.
- 4. 25% of the RSUs vest 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:

/s/ Robert Turner, by power of

08/08/2014

<u>attorney</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.