FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT C | OF CHANGES | IN BENEFICIAL | <b>OWNERSHIP</b> |
|-------------|------------|---------------|------------------|
|             |            |               |                  |

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| 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*                                  |          |                | 2.<br>F  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol EXTREME NETWORKS INC [ EXTR ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                          |         |            |                                |                                                         |                                            | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                                    |                        |                                                                          |                                                      |           |                         |            |  |  |
|---------------------------------------------------------------------------|----------|----------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|---------|------------|--------------------------------|---------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------|------------------------------------------------------|-----------|-------------------------|------------|--|--|
| MEYERCORD EDWARD                                                          |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | EATREME NET WORKS INC [ EXTR ]                           |         |            |                                |                                                         |                                            |                                                                                                            | Ι,                     | X Director                                                               |                                                      | 10% Owner |                         | ner        |  |  |
| (Last)                                                                    | (1       | First)         | (Middle) | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024 |                                                          |         |            |                                |                                                         |                                            | X Officer (give title Other (specific below)                                                               |                        |                                                                          |                                                      |           |                         |            |  |  |
| 2121 RD                                                                   | U CENTE  | ER DR.         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                          |         |            |                                |                                                         |                                            |                                                                                                            | PRESIDENT AND CEO      |                                                                          |                                                      |           |                         |            |  |  |
| (Street)                                                                  |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ 4.                                                        | 4. If Amendment, Date of Original Filed (Month/Day/Year) |         |            |                                |                                                         |                                            |                                                                                                            |                        | 6. Individual or Joint/Group Filing (Check Applicable Line)              |                                                      |           |                         |            |  |  |
| ,                                                                         | SVILLE N | NC             | 27560    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                          |         |            |                                |                                                         |                                            |                                                                                                            |                        | X Form filed by One Reporting Person                                     |                                                      |           |                         |            |  |  |
| -                                                                         |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                           |                                                          |         |            |                                |                                                         |                                            |                                                                                                            |                        | Form filed by More than One Reporting<br>Person                          |                                                      |           |                         |            |  |  |
| (City)                                                                    | (        | State)         | (Zip)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R                                                           | Rule 10b5-1(c) Transaction Indication                    |         |            |                                |                                                         |                                            |                                                                                                            |                        |                                                                          |                                                      |           |                         |            |  |  |
|                                                                           |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                           | J Che∉                                                   | ok thic | hov to in  | ,<br>dicata th                 | nat a tra                                               | neaction was m                             | nade nurei                                                                                                 | ant to a cont          | ract inetruction                                                         | on or written                                        | nlan th:  | at is intended          | to         |  |  |
|                                                                           |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                                           | satis                                                    | fy the  | affirmativ | e defens                       | se cond                                                 | itions of Rule 1                           | 0b5-1(c).                                                                                                  | See Instruction        | a contract, instruction or written plan that is intended to truction 10. |                                                      |           |                         |            |  |  |
|                                                                           |          | Tal            | ble I -  | Non-Der                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ivativ                                                      | e Se                                                     | curi    | ties A     | cquire                         | ed, Di                                                  | isposed o                                  | f, or Be                                                                                                   | eneficial              | y Owned                                                                  | l                                                    |           |                         |            |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y         |          |                |          | Execution Date,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | 3. 4. Securities Acc<br>Transaction Disposed Of (D)      |         |            |                                |                                                         | 5. Amount of<br>Securities<br>Beneficially |                                                                                                            | Form: Direct           |                                                                          | 7. Nature of<br>Indirect<br>Beneficial               |           |                         |            |  |  |
| (WOTHINDAY)                                                               |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | y, rour,                                                 | y/Year) | 8)         |                                |                                                         |                                            |                                                                                                            |                        | Following (i) (                                                          |                                                      | Instr. 4) | Ownership<br>(Instr. 4) |            |  |  |
|                                                                           |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                          |         |            | Code                           | v                                                       | Amount                                     | (A) or<br>(D)                                                                                              | Price                  | Transac<br>(Instr. 3                                                     | tion(s)                                              |           |                         |            |  |  |
| Common Stock 01/02/202                                                    |          |                |          | 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24                                                          |                                                          | M       |            | 28,443                         | A                                                       | \$6.4                                      | 1,1:                                                                                                       | 58,054                 |                                                                          | D                                                    |           |                         |            |  |  |
| Common Stock 01/02/202                                                    |          |                | 2024     | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             | S                                                        |         | 28,443(1)  | D \$17.765                     |                                                         | 1,129,611                                  |                                                                                                            |                        | D                                                                        |                                                      |           |                         |            |  |  |
|                                                                           |          |                | Table    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                          |         |            |                                |                                                         | posed of,<br>, convertib                   |                                                                                                            |                        | Owned                                                                    |                                                      |           |                         |            |  |  |
| 1. Title of                                                               | 2.       | 3. Transaction | 3A. Dec  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4.                                                          | , 00                                                     |         | umber      |                                |                                                         | isable and                                 |                                                                                                            | and Amount             | 8. Price of                                                              | 9. Numbe                                             | r of      | 10.                     | 11. Nature |  |  |
| Derivative Conversion or Exercise (Month/Day/Year) Execution Date, if any |          |                |          | of Office of Off |                                                             | Expiration Date (Month/Day/Year) of Se Unde Deriv        |         |            | of Secu<br>Underly<br>Derivati | of Securities I<br>Underlying Security (Instr. 3 and 4) |                                            | derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |                        | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)        | of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |           |                         |            |  |  |
|                                                                           |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                          |         |            |                                |                                                         |                                            |                                                                                                            | Amount<br>or<br>Number |                                                                          |                                                      |           |                         |            |  |  |
|                                                                           |          |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Code                                                        | v                                                        | (A)     | (D)        | Date<br>Exerci                 | isable                                                  | Expiration<br>Date                         | Title                                                                                                      | of<br>Shares           |                                                                          |                                                      |           |                         |            |  |  |
| Non-<br>Qualified<br>Stock<br>Option<br>(right to<br>buy)                 | \$6.4    | 01/02/2024     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M                                                           |                                                          |         | 28,443     | 06/25/                         | 2021 <sup>(3)</sup>                                     | 08/29/2025                                 | Commo                                                                                                      | <sup>n</sup> 28,443    | \$0                                                                      | 244,87                                               | 71        | D                       |            |  |  |

## **Explanation of Responses:**

- 1. Adoption date of referenced 10b5-1(c) plan is: 08-04-2023
- 2. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$17.39 to \$18.08 per share, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. This Performance Stock Option Grant was achieved after the Company's Common Stock closing price exceeded \$10.00 for 30 consecutive trading days on June 25, 2021. Once earned, the shares vest as to 1/3 subject thereto on August 31, 2019 and 1/12 of the shares thereto on each quarterly anniversary thereafter with any shares that would have already been vested in accordance with the time based vesting schedule vesting immediately when the PSOs were earned.

/s/ Katayoun "Katy" Motiey,
Power of Attorney for Ed 01/03/2024
Meyercord

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.