FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

\	D 0	20540
Washington,	D.C.	20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	L OWNERSHIP

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

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Name and Address of Reporting Person* Shoemaker John C				7	2. Issuer Name and Ticker or Trading Symbol EXTREME NETWORKS INC [EXTR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SHOCIH	akei Juiii	<u>1 C</u>										X	Director			10% Ow	ner		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/08/2023								Officer (g below)	jive title		Other (sp below)	pecify		
2121 RDU CENTER DR.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)												''	Form filed by More than One Reporting Person						
l ` ′	SVILLE 1	NC	27560			Rule 10b5-1(c) Transaction Indication													
(City)	(:	State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a c affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ract, instruction or written plan that is intended to satisfy the						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Di			2. Transad Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Transaction Code (Instr. 8) 4. Securities Disposed Of				5. Amount Securities Beneficiall Owned Fol	Form y (D) o		Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an							
Common Stock			11/08/	/08/2023			М		11,466	A	\$0	548,816				rust ⁽¹⁾			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Number Derivative Securities Acquired (Disposed (D) (Instr. 3 and 5)		ve es d (A) or ed of	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative S (Instr. 3 and			ies g Security	Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Code	v	(A)		Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	.511(3)				
RSU Award	\$0	11/08/2023		М			11,466	11/17/202	3 (2)	11/17/2023 ⁽²⁾	Common Stock	11,466	\$0	0		D			
RSU Award	\$0	11/08/2023		A		12,975		11/08/202	4 ⁽²⁾	11/08/2024 ⁽²⁾	Common Stock	12,975	\$0	12,97	75	D			

Explanation of Responses:

- 1. Shares are held in the Shoemaker Living Trust, DTD 9/22/1992. J & D Shoemaker are Trustees
- 2. Grant of restricted stock units pursuant to the Extreme Networks, Inc. 2013 Equity Incentive Plan. Vests on the earlier of the one year anniversary of the date of grant or the next annual meeting of shareholders (provided that such vesting period may not be less than 50 weeks after grant).

/s/ Katayoun "Katy" Motiey,

Power of Attorney for John C.

11/09/2023

Shoemaker

** 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.