FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0104 | | | | | | | | |
| 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 Add <u>Davies Ben</u> | | y Ferson F | 2. Date of Event Requiring Staten Month/Day/Year 06/01/2016 | nent | 3. Issuer Name and Ticker or Trading Symbol EXTREME NETWORKS INC [EXTR] | | | | | | | | |
|--|-------------------------|------------|--|-------------------|--|---|--|-----------------------------------|---|---|--|--|--|
| (Last) 145 RIO ROB | 145 RIO ROBLES Street) | | | | 4. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title below) EVP Chief Financia | | 10% Owner Other (specify below) | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| (Street) SAN JOSE | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | int of Securities ially Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securi Underlying Derivative Securit | | | 4. Conversi or Exerci | ise Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date Exercisable | Expiratio Date | n Title | , | Amount or Number of Shares | Price of Derivativ Security | Direct (D) or Indirect (I) (Instr. 5) | | | | |

Explanation of Responses:

No securities are beneficially owned.

By: /s/ Katy Motiey, Power of Attorney For: Benjamin Drew

06/03/2016

<u>Davies</u>

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).