FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
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 Address of Reporting Person* BERGER CHARLES W			Date of Event Requiring Statem Month/Day/Year 04/25/2013	nent		er Name and Ticker or REME NETWC			EXTR	.]			
(Last) (First) (Middle) C/O EXTREME NETWORKS, INC. 3585 MONROE STREET					Relationship of Reporting Pe (Check all applicable) Director			10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
3585 MONF	COE STREET				X Officer (give title below)			Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) SANTA CLARA	CA	95051				President an	id CI	EU		X		y One Reporting Person y More than One erson	
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
		T	able I - Non	-Derivati	ive Se	ecurities Benefic	ially	Owned					
1. Title of Secu	urity (Instr. 4)	Т	able I - Non	2	. Amou	ecurities Benefic int of Securities ially Owned (Instr. 4)	- 1 F	Owned 3. Ownersh Form: Direct or Indirect ((Instr. 5)	ct (D)	4. Nat (Instr.		Beneficial Ownership	
1. Title of Secu	urity (Instr. 4)		Table II - D	2. B	. Amou Benefici	ınt of Securities	ly O	3. Ownersh Form: Direct or Indirect ((Instr. 5)	et (D) (I)			Beneficial Ownership	
	urity (Instr. 4)	(e. <u>(</u>	Table II - D	2 Berivative Is, warra	e Secunts, o	int of Securities ially Owned (Instr. 4) urities Beneficial	ly Oole s	3. Ownersh Form: Direct or Indirect ((Instr. 5) Owned Securities	et (D) (I)	(Instr.		6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

By: Margaret Echerd For: Charles Berger

05/06/2013

** 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 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).

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.