FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APF	PROVAL					
OMB Number:	3235-0104					
Estimated average burden						
hours per response	e: 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* KENNEDY EDWARD H			2. Date of Event Requiring Staten Month/Day/Year 04/26/2011	nent	3. Issuer Name and Ticker or Trading Symbol EXTREME NETWORKS INC [EXTR]								
l	(First)	(Middle) RKS, INC.				tionship of Reporting Perso all applicable) Director	orting Person(s) to Issuer			5. If Amendment, Date of Original Filed (Month/Day/Year)			
3585 MONR	OE STREET					Officer (give title below)	Other (spe	′ I		lividual or Joint cable Line)	/Group Filing (Check		
(Street) SANTA CLARA	CA	95051							X		y One Reporting Person y More than One erson		
(City)	(State)	(Zip)											
		T	able I - Non	-Derivat	ive Se	ecurities Beneficial	y Owned						
1. Title of Secu	rity (Instr. 4)	7	able I - Nor	2	. Amou	ecurities Beneficiall int of Securities ally Owned (Instr. 4)	y Owned 3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (I	I. Natu Instr.		Beneficial Ownership		
1. Title of Secu	urity (Instr. 4)		Table II - D	2 B Derivative	. Amou Benefici	nt of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (I			Beneficial Ownership		
	rity (Instr. 4) vative Security ((e. <u>(</u>	Table II - D	Derivative ls, warra	e Secunts, o	nt of Securities ally Owned (Instr. 4) urities Beneficially	3. Ownersh Form: Direct or Indirect (Instr. 5) Owned securitie	ct (D) (I	sion cise		Beneficial Ownership 6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

By: Diane Honda For: Edward **Kennedy**

05/03/2011

** 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.