FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

on, D.C. 20549

OMB APPROVAL

	Check this box if no longer subject to
-	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a

Filed pursuant to Section 16(a) of the Securities Exchange Act or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number: 3	3235-0287			
OTATEMENT OF OTTAINOED IN BEINE TOTAL OWNEROUM	Estimated average burden				
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5			
The pursuant to deciding to the decidines Exchange Field of 1994					

for the securiti intende defens	ct, instruction of purchase or saties of the issue ed to satisfy the conditions of the linstruction of the linstruction of the conditions of the linstruction of the conditions of the linstruction of the line of the lin	ale of equity or that is a affirmative Rule 10b5-																	
1. Name and Address of Reporting Person* MOYLAN JAMES E JR				2. Issuer Name and Ticker or Trading Symbol CIENA CORP [CIEN]									(Ched	k all app Direc	,		rson(s) to Is 10% Ov Other (s	wner	
	(Last) (First) (Middle) C/O CIENA CORPORATION 7035 RIDGE RD.			3. Date of Earliest Transaction (Month/Day/Year) 12/24/2024											below) SVP Finance		below)	эрсону	
(Street) HANOV (City)			1076-1 Zip)	426	4. If <i>i</i>	. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	iividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			on	
		Table	I - No	n-Deriva	tive	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date					Execution Date,			Transaction Disposed Of (I Code (Instr. 5)				es Acquired (A) o Of (D) (Instr. 3, 4 a			ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)		Price		ed ction(s) 3 and 4)			(Instr. 4)
Common	Stock			12/24/	2024				G		5,000	I)	(1)	228	3,097(2)	D		
Common	Stock														15			By spousal trust ⁽³⁾	
		Tal									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	vative urities uired or osed)) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v	(A) (D)		Date Exercisable		Expiration Date	Num of Title Shar		.								

Explanation of Responses:

- 1. These shares were given as a gift for which no consideration was received by the Reporting Person.
- 2. Shares reported include unvested Restricted Stock Units (RSUs) and Performance Stock Units (PSUs).
- 3. The beneficiary of the trust is the reporting person's spouse. The reporting person disclaims beneficial ownership of the securities held by the trust.

By: Michelle Rankin For: James E. Moylan Jr.

12/27/2024

** 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.