FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number	3235-02								

	OMB Number:	3235-0287								
E	Estimated average burden									
h	ours 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 or Section 30(h) of the Investment Company Act of 1940

							()				1)		-							
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Palo Alto Networks Inc [PANW]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ZUK NIR					1										X	Direc	ctor	10%	Owner	
															X	Office	er (give title	Other	(specify	
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov	,	below	/)	
C/O PALO ALTO NETWORKS INC.					01/	01/13/2015											C	TO		
4401 GREAT AMERICA PKWY																				
THOI GILLAII AMENICA I IXW I					1 If	If Amendment, Date of Original Filed (Month/Day/Year)								- 6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					- 4. 11	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)					
. ,	CLARA CA	Δ (95054												X Form filed by One Reporting Person					
0211111	CLITTOI CI		75054													Form filed by More than One Reporting				
															Person					
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	r Ben	efici	ally C	wne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transa	action				3.									6. Ownership	7. Nature	
Date (Month/Da					Day/Year) if a		Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		Disposed Of (D) (Instr. 3, 4		3, 4 aı	Benef		cially	Form: Direct (D) or Indirect	of Indirect Beneficial		
															Owne Repor		d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)	
								Code	l _v	Amount		(A) or (D)) or Price		Transaction(s)		(,			
								+	-		_	(0)		<u> </u>		o anu 4)				
Common Stock 01/13/2					3/2015	2015			S		1,802(1)	D \$12		27.4 2,693,632		D			
		Ta	hla II - I	Derivat	ivo S	0011	ritios	۸caui	ired D	ienc	sed of,	or B	Ponofi	ciall	· Λ.ν.	nad		<u>'</u>		
		10									onvertib				y Ow	iieu				
1. Title of Derivative	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deem		4. Transaction Code (Instr.		ion of str. Derivative		6. Date Exercis			7. Title and Amount of			8. Price o		9. Number o	f 10. Ownership	11. Nature of Indirect	
Security		(Month/Day/Year)	if any	·					(Month/Day/Year)			Securities			Security		Securities	Form:	Beneficial	
(Instr. 3)			(Month/Day/Year		8)		Securities Acquired					Deri	lerlying ivative		(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
Security					(A		(A) or Disposed		Security and 4)				str. 3		Following Reported		(I) (Instr. 4)			
						of (D) (Instr. 3, 4 and 5)					""	and 4)				Transaction(s)	(s)			
																(Instr. 4)				
		ŀ						П			Am									
													or							
								Date		Expiration		Nur of	nber							
					Code	v	(A)	(D)	Exercisa	ıble	Date	Title	Sha	ıres					1	

Explanation of Responses:

1. Represents the number of shares sold upon vesting of restricted stock awards to cover tax withholding obligations.

Remarks:

/s/ Jeff True, Attorney-in-Fact for Nir Zuk

01/15/2015

** 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.