FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

| | | | | | _ | | | | | | | | | | | | | | | | | | |
|--|---|--------|----------|---------|---|---|---|---|--------------------------------------|---|--|----------------------|---|------------------------|-------|--|---|--|---|--|--|--|--|
| Name and Address of Reporting Person* WARMENHOVEN DANIEL J | | | | | | | | | | | | | | | | | | of Reporting Person(s) licable) | | | | | |
| (Last) (First) (Middle) C/O PALO ALTO NETWORKS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2014 | | | | | | | | | | | | cer (give title | | 10% Owner Other (specify below) | | | |
| 4401 GREAT AMERICA PKWY. | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SANTA CLARA CA 95054 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | ecuri | ities A | cq | uired, | , Dis | posed o | f, oı | r Ber | efici | ally Ov | vne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | ay/Year) E | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Sec Bei Ow | | . Amount of ecurities eneficially wheel following | | m: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | | | v | Amount | (| (A) or (D) | Price | Trai | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501. 4) | | |
| Common Stock 12/12/2 | | | | 2014 | | | | | A | | 3,289(1 | | A | \$(|) | 4,766 | | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 1 | | 12,266 | | | See footnote ⁽²⁾ | | | |
| | | Та | | | | | | | | | | osed of, onvertib | | | | y Own | ed | | | · | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) Execution Date, | | | | 4. Transaction Code (Instr. 8) | | on of cr. De Se Ac (A Di of (Ir | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivati Security (Instr. 5 | ve | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Each share is represented by a Restricted Stock Unit ("RSU"). The RSUs will vest in equal quarterly increments over a one year period, subject to the Reporting Person's continued service as of each such date.
- 2. Shares held directly by The Warmenhoven 1987 Revocable Trust U/T/D 12/16/1987 for which the Reporting Person serves as trustee.

/s/ Jeff True, Attorney in-Fact for Daniel Warmenhoven

12/16/2014

** 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.