CIENA CORP Form 4 December 11, 2007

Security

(Instr. 3)

Common

Stock

(Month/Day/Year)

12/09/2007

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

Form: Direct Indirect

(D) or

Indirect (I)

(Instr. 4)

D

Beneficial

Ownership

(Instr. 4)

3235-0287

OMB

| | | | Washingt | on, D.C. 20549 | | Number: | 3233-0207 |
|--|--|---------------------|--|-----------------------------|---|--|-------------------|
| Check the subject to Section Form 4 of Form 5 obligation may consider the See Institute of th | Expires: January 2 Estimated average burden hours per response | | | | | | |
| (Print or Type | Responses) | | | | | | |
| 1. Name and Address of Reporting Person * SMITH GARY B | | | Symbol | and Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer | | |
| | | | CIENA CORI | | (Check all applicable) | | |
| C/O CIENA WINTERS | (First) A CORPORA ON ROAD | (Middle) TION, 1201 | 3. Date of Earlies (Month/Day/Yea 12/09/2007 | | _X_ Director _X_ Officer (give below) | title 10% Constitute Other below) | Owner (specify |
| | (Street) | | 4. If Amendment | , Date Original | 6. Individual or Jo | int/Group Filing | (Check |
| LINTHICU | JM,, MD 2109 | 90 | Filed(Month/Day/ | Year) | Applicable Line) _X_ Form filed by O Form filed by M Person | ne Reporting Pers ore than One Repo | |
| (City) | (State) | (Zip) | Table I - No | on-Derivative Securities Ac | quired, Disposed of, | or Beneficially | Owned |
| 1.Title of | 2. Transaction | Date 2A. Deer | med 3. | 4. Securities Acquired | 5. Amount of | 6. Ownership | 7. Nature of |

Transaction(A) or Disposed of (D)

Code V Amount (D)

(1)

1,256

Code

F

(Instr. 8)

(Instr. 3, 4 and 5)

(A)

D

Price

43.61

\$

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Execution Date, if

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Securities

Following

Reported

92,096

Transaction(s) (Instr. 3 and 4)

Owned

Beneficially

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|--------------------------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transact Code (Instr. 8) | orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | : | | Amou Under Securi (Instr. | lying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|----------------|-------|--|--|--|
| • | Director | 10% Owner | Officer | Other | | | |
| SMITH GARY B C/O CIENA CORPORATION 1201 WINTERSON ROAD LINTHICUM,, MD 21090 | X | | PRESIDENT, CEO | | | | |

Signatures

By: Erik Lichter For: Gary B.
Smith
12/11/2007

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Shares reported represent the amount forfeited to cover the tax liabilities of the reporting person pursuant to a restricted stock unit (RSU) award agreement. Acquisition of the RSU was previously reported in Table I of the reporting person's Form 4 on December 11, 2003.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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