## Edgar Filing: CISCO SYSTEMS, INC. - Form 4

CISCO SYST	TEMS, INC.											
Form 4												
June 16, 2016	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287			
Check this									Expires:	January 31		
if no longer subject to Section 16. STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP OI SECURITIES					Estimated average burden hours per			
Form 4 or										response 0.5		
Form 5	~ <b>^</b>						•	ge Act of 1934,				
obligation may conti				•	•	· ·		f 1935 or Sectio	n			
<i>See</i> Instruction 1(b).		30(h)	of the Inv	vestment	Compan	y Act	t of 194	40				
(Print or Type R	esponses)											
			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
	CISCO S	CISCO SYSTEMS, INC. [CSCO]					(Check all applicable)					
(Last)	(First) (	Middle)	3. Date of	Earliest Tra	insaction			(Chee	k an applicable	<i>&gt;</i> )		
170 WEST TASMAN DRIVE 06/15/2			(Month/Da	onth/Day/Year)				Director		Owner		
			06/15/2016					_X_Officer (give titleOther (specify below) below) SVP & Chief Marketing Officer				
			4. If Amer	ndment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
				l(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
SAN JOSE,	CA 95134							Person		r • • • • 8		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year	) Execution any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)		spose 4 and	d of	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Drigg	Transaction(s) (Instr. 3 and 4)				
Common Stock	06/15/2016			Code V S(1)	7,802	(D) D	Price \$ 28.5	175,250	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amou	nt of	Derivative	Deriv
Security	or Exercise	•	any	Code	of	(Month/Day,	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
, ,	Derivative			. ,	Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(
					4, and 5)						
					., und 0)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
_											
Rono	rtina O	wnore									

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Walker Karen 170 WEST TASMAN DRIVE SAN JOSE, CA 95134			SVP & Chief Marketing Officer				
Signatures							
/s/ Karen Walker by Evan Slove Attorney-in-Fact	es,		06/16/2016				
**Signature of Reporting Per	son		Date				
Explanation of Ro	enon	506'					

## **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) This transaction was effected pursuant to a Rule 10b5-1 plan adopted by the reporting person on September 8, 2015.

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.