FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours por 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* BARTZ CAROL | | | | | NE. | 2. Issuer Name and Ticker or Trading Symbol NETWORK APPLIANCE INC [NTAP] | | | | | | | | | k all appl | licable) | | erson(s) to Issuer | | |
|---|--|------------|-----------------|--|---|--|--------|-----------|--|------------|--|--------|---|---|--|--|-----------------------------|---|-------------------------|--|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2006 | | | | | | | | | Office below | cer (give title w) | | Other (specify below) | | |
| AUTODESK, INC. 111 MCINNIS PARKWAY | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| SANRAFAEL CA 94093 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date | | | Code (In: | | | | | | 5. Amo Securit Benefic Owned Follow | ies :ially | Forr (D) o | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amoun | t (A) or P | | се | Report | | | , | (| | | |
| | | T | able II | | | | | | uired, Dis , options | | | | | | Owned | | | | | |
| 1. Title of Derivative Conversion Outer (Instr. 3) 2. Conversion Date (Month/Day/Year Price of Derivative Security | | | Execution Date, | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amoun r) Securit Underl Derivat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price f erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amour or Number of Shares | er | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$34.24 | 08/31/2006 | | | A | | 20,000 | | (1) | 08/ | /30/2016 | Common | 20,00 | 0 | \$0 | 20,000 | | D | | |
| Non- Qualified Stock Option (right to buy) | \$34.24 | 08/31/2006 | | | A | | 5,000 | | (1) | 08/ | 30/2016 | Common | 5,000 | | \$0 | 25,000 | | D | | |

Explanation of Responses:

1. Option is immediately exercisable, but any shares purchased under the option will be subject to repurchase by the Company at the option exercise price paid per share, upon the Optionee's cessation of Board service prior to vesting in those shares. The shares will vest upon the Optionee's continuation in Board service through the day immediately preceding the next Annual Stockholders Meeting following the grant date.

By: Janice Mahoney by Power of Attorney For: Carol Bartz

** Signature of Reporting Person Date

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

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.

^{*} 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).