FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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* WARMENHOVEN DANIEL J | | | | | NE 3. Dat | 2. Issuer Name and Ticker or Trading Symbol NETWORK APPLIANCE INC [NTAP] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | (Ch | eck all applion Director Officer | cable) ir (give title | 10% Owr | | /ner | | |
|--|---|------------|-------|--|---|--|---------------|---|---------------------|--|-----------------------------------|--|---|---|--|---|------|--|--|
| (Last) (First) (Middle) 495 EAST JAVA DRIVE | | | | | 00/0 | 06/01/2007 | | | | | | | below) | nief Exec | utive | below) Officer | | | |
| 495 EAST JAVA DRIVE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6 1 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | T. II / MISHANISH, Date of Original Filed (Month/Day/Teal) | | | | | | | Line | Line) | | | | | | | |
| SUNNY | VALE C | A 9 | 94089 | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | Persor | , | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution | | , | Transaction D | | | . Securities Acquired Disposed Of (D) (Instr. and 5) | | Securiti Benefici Owned | es ally | Form (D) o | : Direct of the control of the contr | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) o | r Price | Reporte Transac | | | (1.4) | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Title of 2. 3. Transaction A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transact Code (In | 5. Number Fransaction Code (Instr. Derivative | | | Expiration Date (Month/Day/Year) (Month/Day/Year) (Instr. 3 and | | | nd of s ng e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$30.74 | 06/01/2007 | | | A | | 350,000 | | (1) | 0 | 5/31/2014 | Common Stock | 350,000 | \$0 | 350,00 | 00 | D | | |

Explanation of Responses:

1. Option vests in a series of equal monthly installments over 48 months of service beginning with the one-month annniversary of the grant date.

By: Janice Mahoney by Power of Attorney For: Daniel J. 06/04/2007 Warmenhoven

** 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.