FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* FAWCETT MATTHEW K | | | | | | 2. Issuer Name and Ticker or Trading Symbol NetApp, Inc. [NTAP] | | | | | | | | | | | tionship of Reporting all applicable) Director | | son(s) to Iss 10% Ov Other (s | vner |
|---|---|-----------------|---|--------|---|--|---|--|------|---|-----|--|--|--|--|---|---|----------------|--|--|
| (Last) 495 EAS | (ST JAVA D | First) DRIVE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2017 | | | | | | | | | | | Officer (give title below) SVP, GC & Sec | | | вреспу |
| (Street) SUNNYVALE CA 94089 | | | | | 4. | If Ame | ndme | nt, Date | of O | original Fi | led | (Month/Da | Line | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | Perso | | ic triai | T One Repor | Turing |
| | | Tal | ole I - No | n-Deri | vativ | e Se | curit | ties Ac | qui | ired, D | isp | osed o | f, or E | Ben | eficiall | y Owne | d | | | |
| Date | | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code V | , | Amount | (A) | or | Price | Report Transa (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock | | | | 11/0 | 9/201 | 7 | | | | М | | 29,84 | 5 A \$ | | \$36.5 | 31,962 | | | D | |
| Common Stock 1 | | | | 11/0 | 9/201 | /2017 | | | | S ⁽¹⁾ | | 29,845 | |) | \$46.6 | 2,117 | | | D | |
| | | | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | of Deri Sec Acq (A) (Disp of (I | umber vative urities uired or oosed O) (Instr. and 5) | Ex | Date Exer piration E onth/Day/ | ate | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | s Security | 8. Price of Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | ode V | | (D) | Dat | ite ercisable | | Expiration Date | Title | | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to | \$36.59 | 11/09/2017 | | | M | | | 29,845 | | (2) | 0 | 6/02/2021 | Commo | | 29,845 | \$46.6 | 25,25 | 5 | D | |

Explanation of Responses:

- $1. \ The \ transaction (s) \ reported in this Form 4 were \ effected \ pursuant to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$
- 2. Option vests in a series of equal monthly installments over 48 months of service beginning with the one-month anniversary of the grant date.

By: Roberta S Cohen Attorney-

in-Fact For: Matthew K

11/13/2017

Fawcett

** 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.