(Street)

(City)

(Last)

WESTPORT

Richards Peter J

CT

(State)

(First)

C/O EMPIRE CAPITAL MANAGEMENT LLC

1. Name and Address of Reporting Person*

1 GORHAM ISLAND, SUITE 201

06880

(Zip)

(Middle)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden

					SECURITIES				III.	r response: C	
			Filed pursuan	t to Section tion 30(h)	n 16(a) of the Securities Exchange a of the Investment Company Act of 1	Act of 1934 940					
Empire Capital Management, L.L.C.			2. Date of Event Requiring Statement (Month/Day/Year) 03/25/2014		3. Issuer Name and Ticker or Trading Symbol SONUS NETWORKS INC [SONS]						
(Last) (First) (Middle) 1 GORHAM ISLAND SUITE 201					Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check		
(Street) WESTPORT CT 06880					below) below)			Applicable Line) Form filed by One Reporting Perso X Form filed by More than One Reporting Person			
(City) (S	State)	(Zip)									
			Table I - Noi	n-Deriva	ative Securities Beneficial	ly Owned					
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect ((Instr. 5)	ct (D) (I. Natu Instr. 5	ature of Indirect Beneficial Ownership r. 5)		
Common Stock, \$0.001 par value					25,606,594	I	5	See no	notes ⁽¹⁾⁽²⁾		
		(e.			ve Securities Beneficially ants, options, convertible		s)				
Expira			2. Date Exerc Expiration D (Month/Day/	ate	Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise		5. Ownership Form:	6. Nature of Indirect Beneficial Ownersh (Instr. 5)	
			Date Exercisable	Expiration Date	on Title	Amount or Number of Shares	Price of Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)		
Put Option (oblig	gation to buy)	03/25/2014	07/19/202	Common Stock, \$0.001 par value	480,800	3		I	See notes ⁽¹⁾⁽²⁾	
1. Name and Address Empire Capit						•	•	•			
(Last) 1 GORHAM ISI SUITE 201	(First)	(Middle)								
(Street) WESTPORT	СТ	06880									
(City)	(State)	(Zip)									
1. Name and Addres	ss of Reporting	Person*									
(Last) C/O EMPIRE C. 1 GORHAM ISI		(Middle ANAGEMENT LL TE 201	•								

(Street) WESTPORT	СТ	06880
(City)	(State)	(Zip)

Explanation of Responses:

1. This statement is filed by (i) Empire Capital Management, L.L.C., a Delaware limited liability company ("Empire Management") with respect to the shares of Common Stock directly held by Empire Capital Partners, L.P. ("Empire Onshore"), Empire Capital Partners, L.P. ("Empire Onshore"), Empire Capital Partners, L.P. ("Empire Onshore"), Empire Capital Partners, L.P. ("Empire Enhanced Master", and together with Empire Onshore and Empire Offshore, the "Empire Investment Funds"), (ii) Mr. Scott A. Fine ("Mr. Fine") with respect to the shares of Common Stock directly held by the Empire Investment Funds and (iii) Mr. Peter J. Richards ("Mr. Richards") with respect to the shares of Common Stock directly held by the Empire Investment Funds.

2. Empire Management serves as the investment manager to, and has investment discretion over the securities held by, the Empire Investment Funds. Mr. Fine and Mr. Richards are the only managing members of Empire Management. Each of the reporting persons disclaims beneficial ownership of the shares reported herein to the extent such beneficial ownership exceeds its pecuniary interest therein.

Remarks:

/s/ Scott A. Fine, individually
and as Managing Member of
Empire Capital Management,
LLC /s/ Peter J. Richards,
individually and as Managing

Member of Empire Capital Management, LLC

 Scott A. Fine
 03/25/2014

 Peter J. Richards
 03/25/2014

 ** 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 5 (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.