

POLYCOM INC

Reported by **DURR LAURA**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 11/04/14 for the Period Ending 11/02/14

Address 6001 AMERICA CENTER DR.

SAN JOSE, CA 95002

Telephone 408-586-6000

CIK 0001010552

Symbol PLCM

SIC Code 3661 - Telephone and Telegraph Apparatus

Industry Communications Equipment

Sector Technology

Fiscal Year 12/31





Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

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 *				2	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Durr Lau	ra				P	OI	LYCON	M I	NC	[PI	LCI	M]							
(Last) (First) (Middle)					3	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner					
															X Officer (give title below) Other (specify below)				
6001 AMERICA CENTER DR.															CFO				
(Street)															6. Individual or Joint/Group Filing (Check Applicable Line)				
SAN JOS	E, C	A 95002	2																
(City) (State) (Zip)													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table l	[- Non-I	Deriv	zativ	ve Secur	ities	Ac	anire	d. T	Dispo	osed of.	or B	eneficiall	v Owned			
1. Title of Security 2. T			2. Tra Date		2A. Deemed Execution Date, if	3. Tr Code (Inst	rans. 4. Securitie (A) or Disp			ties A spose	es Acquired 5. Am Follow (Instr.		ount of Securities Beneficially Owned ring Reported Transaction(s) 3 and 4) 6. Own Forr Dire			Ownership Form: Direct (D)	ct (D) Ownership		
						any	Co	Code V A		ount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock 11/				11/2/2	2014		M	1	250	00	A	\$0		43419			D		
Common Stock 11/2				11/2/2	1/2/2014			,	940	(1) D \$13.08			42479			D			
	Tabl	e II - Dei	rivative	Securiti	es Be	enef	icially O	wne	ed (e.g. ,	put	s, ca	ılls, waı	rrant	s, options	, convert	ible secur	rities)	l.
1. Title of Derivate Security (Instr. 3)		2. Conversion or Exercise Price of Derivative Security			4. Trans Code (Instr 8)	s. I S T. I	5. Number of Derivative Securities Acquired (ADisposed of (Instr. 3, 4 a 5)	A) or (D)					7. Title and Ar Securities Und Derivative Sec (Instr. 3 and 4)		erlying urity	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
					Code	V ((A) (D)	- 1	Date Exer	cisable		iration	n Title		ount or nber of res		Transaction (s) (Instr. 4)	4)	
Restricted Stoo Units	ck	\$0	11/2/2014		M		2500	,		(2)		(2)	Commo Stock	on	2500	\$0	0	D	

Explanation of Responses:

- (1) This transaction represents an automatic withholding of shares by Polycom equal in current market value to the total required tax withholding due upon vesting.
- (2) Restricted Stock Units are converted on a one-for-one basis into shares of Polycom, Inc. common stock following vesting, which vesting for 2,500 shares occurred on November 2, 2014. This award is now fully vested.

Reporting Owners

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Durr Laura 6001 AMERICA CENTER DR.			CFO					
SAN JOSE, CA 95002								

/s/ JoAnne Zinman, Attorney-in-Fact for Laura J. Durr

11/4/2014

** 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 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 control number.