

[] 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

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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) | | | |
|---|---|-------------|--------------------------------------|--------------|--|-----------------------------|---------------------------------------|---|---------------|--------------------|---|---|---|---|---|-------------------------|
| Wilson James Denson Jr | | | | A | ADTRAN INC [ADTN] | | | | | | | | , | | | |
| (Last) | (First) | (M: | iddle) | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director | Director 10% Owner | | | |
| (Last) (First) (Middle) | | | | | (| | | | | | | X Officer (g | X _ Officer (give title below) Other (specify below) | | | |
| 901 EXPLORER BLVD. | | | | | 11/12/2017 | | | | | | | SVP Technol | SVP Technology & Strategy | | | |
| (Street) | | | | 4. | If An | nendme | nt, Date O | rigii | nal Fil | ed (MM/D | Y) 6. Individual of | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| HUNTSVILLE, AL 35806 | | | | | | | | | | | | X Form filed by | _ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (C | ity) (Sta | te) (Zi | p) | | | | | | | | | rom med by | wiore than c | one reporting i | CISOII | |
| | | | | | | | | • | , <u> </u> | | | Beneficially Own | | | <u> </u> | |
| 1.Title of Security (Instr. 3) 2. Trans. Da | | | Trans. Date | | | 3. Trans. Coo (Instr. 8) | de | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | Ownership of Indirect Beneficia | Beneficial | |
| | | | | | | | Code | V | Amoun | (A) or (D) | Price | | | | | Ownership (Instr. 4) |
| Common Stock 11/12/201 | | | 1/12/2017 | | | F | | 523 | D | \$20.65 | | 5940 | | D | | |
| Common Stock | | | | | | | | | | | 3403.754 | | I | By 401(k) Plan | | |
| | Tabl | e II - Deri | ivative S | Securities 1 | Bene | ficially | Owned (| e.g. | , puts, | calls, wa | arran | ts, options, conve | rtible sec | urities) | | |
| | Conversion or Exercise Price of Derivative | Date Execu | 3A. Deem Execution Date, if an | (Instr. 8) | | | ve Securities I (A) or I of (D) | | | | Securi Deriva | e and Amount of ties Underlying tive Security 3 and 4) | Derivative Security | Securities Beneficially Owned | Ownership Form of Derivative Security: | Beneficial |
| | Security | | | Code | V | (A) | (D) | Date | e rcisable | Expiration Date | | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |
| | | | | | | | | | | | | | | | | |

Explanation of Responses:

Reporting Owners

| Panorting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|---------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Wilson James Denson Jr | | | | | | | | |
| 901 EXPLORER BLVD. | | | SVP Technology & Strategy | | | | | |
| HUNTSVILLE, AL 35806 | | | | | | | | |

Signatures

| /s/ Brandon Dang, by power of attorney | 11/14/2017 | | |
|--|------------|--|--|
| ** 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.