FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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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

| Name and Address of Reporting Person* Bewsher Doug | | | | | | 2. Issuer Name and Ticker or Trading Symbol Limelight Networks, Inc. [LLNW] | | | | | | | | | | | ip of Reporting Person(s) plicable) ctor 10 | | on(s) to Is | | | |
|---|----------|-------------------|--------------------------------------|---------|--|---|---------------------|--|------------------|---|---------------------|--|------------------------------------|--------|--|---|--|--|--|---|--|--|
| | ELIGHT N | IETWORKS, IN | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2019 | | | | | | | | | | Office below | er (give title v) | | Other below) | (specify | | |
| 1465 NORTH SCOTTSDALE ROAD, SUITE 400 (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| l` ′ | DALE A | Z 8 | 35257 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | | | | |
| (City) | (S | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | า-Deriv | ative | Sec | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | eficia | ally | Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execu Day/Year) if any | | A. Deemed xecution Date, any Month/Day/Year) | | | | ties Acquired (A) d Of (D) (Instr. 3, | | | 4 and Sec Ber Ow | | ecurities eneficially | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | | | | |
| Common Stock 11/29 | | | | | |) | | | F ⁽¹⁾ | | 2,963 | 3 | D | \$4.27 | | 27 115,613(2) | | | D | | | |
| | | Та | able II - I) | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day) | | Date, ay/Year) | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/D | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. The forfeiture reported in this row represents restricted stock units that were withheld by the Company solely for the purpose of satisfying tax obligations arising upon the automatic vesting of 5,926 restricted stock units.
- 2. This includes 51,619 unvested restricted stock units.

Remarks:

Executed pursuant to the Limited Power of Attorney for Section 16 reporting obligations dated February 3, 2017.

Doug Bewsher /s/ James R. Todd, Attorney-in-Fact

** Signature of Reporting Person Date

12/03/2019

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.