FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

	5	,		

	CIVID 7 II I I I	O .,
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323
	Estimated average bu	ırden

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

Name and Address of Reporting Person*     Hadden Patricia			2. Issuer Name and Ticker or Trading Symbol Limelight Networks, Inc. [ LLNW ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					ssuer				
Hadden Pauricia					0			,		<u>_</u>			X	Direc	tor		10% O	wner	
(Last) (First) (Middle) C/O LIMELIGHT NETWORKS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/23/2020								Office belov	er (give title v)		Other ( below)	specify	
1465 NORTH SCOTTSDALE ROAD, SUITE 400				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)					1									X Form filed by One Reporting Person					
SCOTTS	SDALE AZ	8	5257												Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	<b>Z</b> ip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	juired,	, Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquir Disposed Of (D) (Instruction 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or Pr	ice	Transa	action(s) 3 and 4)			(11311. 4)	
Common Stock 10/23/2					2020				<b>S</b> <sup>(1)</sup>		16,488	D	\$	4.45(2)	80,405(3)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	rative   Conversion   Date   Execution Date, rity   or Exercise   (Month/Day/Year)   if any			onsaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		De Ser (Instant)	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- 1. Shares sold pursuant to 10b5-1 plan adopted on August 26, 2020.
- 2. Price reflected is the weighted-average sale price for shares sold. The shares were sold in multiple transactions, and the range of sale prices for the transactions reported was \$4.27 to \$4.71. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or any staff member of the Securities and Exchange Commission, upon request, information regarding the number of shares sold at each separate price.
- 3. This includes 44,766 unvested restricted stock units.

Executed pursuant to the Limited Power of Attorney for Section 16 reporting obligations dated November 7, 2018.

Patricia Hadden /s/ James R. 10/27/2020 Todd, Attorney-in Fact

\*\* 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.