FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* COYNE MARTIN M II | | | | | | | AKAMAI TECHNOLOGIES INC [AKAM] | | | | | | | | | | ationship o k all applic Directo | able) | g Pers | on(s) to Issi 10% Ow | | |
|---|---|---------|---------------------------------------|--|--|---|---|---|--------|---------------|-------------------------------|--------|--|---|---------------------|--|---|---|--------|--|---|--|
| (Last) 8 CAMB | (Last) (First) (Middle) 8 CAMBRIDGE CENTER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2012 | | | | | | | | | | below) | (give title | | Other (s below) | | |
| (Street) | | | | | | _ 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| CAMBRIDGE MA 02142 | | | | | - | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | | (State) | | (Zip) | n-Derivative Securities Acquired, Disposed of, or Bene | | | | | | | | | | n o fi | مالمند | Ouroad | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | | saction | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Tra | nsactio | on | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | or | 5. Amour Securitie Beneficia Owned F | nt of 6. 0 es For (D) Following (I) (| | : Direct r Indirect I str. 4) (| 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Co | de V | | Amount | (A) o (D) | r _P | rice | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| Common Stock, par value \$.01 per share 03/14/ | | | | | | | 012 | | N | 1 | | 11,500 | 0 A | ; | \$2.27 | 25, | 761 | | D | | | |
| Common Stock, par value \$.01 per share 03/14/ | | | | | | | 2012 | | S(| 1) | | 11,500 | 0 D | \$ | 36.6 ⁽³⁾ | (3) 14,261 | | | D | | | |
| | | | 7 | able II - | | | | | | | | | | or Ben ble secu | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | n Date | Transaction ate lonth/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | Expira | e Exerc tion Da h/Day/\ | ate | ble and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | [| 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exerc | sable | | Expiration Date | Title | or | ount mber ures | | | | | | |
| Stock Option (right to | \$2.27 | 03 | 3/14/2012 | | | M | | | 11,500 | (2 | !) | 05 | 5/20/2012 | Common Stock | 11, | ,500 | \$2.27 | 0 | | D | | |

Explanation of Responses:

- $1. \ Shares \ were \ sold \ pursuant \ to \ a \ Rule \ 10b5-1 \ Plan \ adopted \ by \ Mr. \ Coyne \ on \ February \ 13, \ 2012.$
- 2. Option vested in full on May 20, 2006.
- 3. Average sale price per share.

/s/ Martin M. Coyne II

03/14/2012

** 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.