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(b).	

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

Name and Address of Reporting Person* SAGAN PAUL							2. Issuer Name and Ticker or Trading Symbol AKAMAI TECHNOLOGIES INC [AKAM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SAGA	N PAUL				_									X				10% Ow	·			
(Last) (First) (Middle) AKAMAI TECHNOLOGIES INC 8 CAMBRIDGE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 02/06/2014									below)			Other (s below)				
					_ 4.	If Am	endme	ent, Date o	of Original	Filed	(Month/Da	ay/Year)		6. Ind Line)	ividual or J	loint/Group	Filing	(Check App	olicable			
(Street) CAMBRIDGE MA 02142						1										filed by One Reporting Person filed by More than One Reporting on						
(City)	(S	tate)	(Zip)																			
		Tak	le I - Nor	n-Deri	ivativ	e Se	curi	ties Ac	quired,	Dis	posed o	of, or Bo	enefic	ially	Owned							
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		Execution Date,		3. Transa Code (4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securition Beneficition Owned I		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)		ce Reporte Transac (Instr. 3		ion(s)			Instr. 4)			
Common	Stock, par	value \$.01 per sl	nare	02/0	06/201	4			М		28,00	0 A	\$5	6.16	487	,148		D				
Common	Stock, par	value \$.01 per sl	nare	02/0	06/201	4			М		50,00	0 A	\$2	25.77	537	7,148 7,148		D				
Common	Stock, par	value \$.01 per sl	nare	02/0	06/201	4			S ⁽¹⁾		50,00	0 D	\$	54.9	487			D				
Common	Stock, par	value \$.01 per sl	nare	02/0	06/201	4			S ⁽¹⁾		28,00	0 D	\$5	6.25	459	,148		D				
Common	Stock, par	value \$.01 per sl	nare													6			See note ⁽²⁾			
Common Stock, par value \$.01 per share															130	,663		I ⁽³⁾	See note			
			Table II -								osed of, onverti				Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,		Transaction Code (Instr.				kercis n Date ay/Yea		7. Title and Amor of Securities Underlying Derivative Securi (Instr. 3 and 4)			B. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amor or Numl of Share	ber								
Stock option (right to buy)	\$25.77	02/06/2014			M			50,000	(4)	()2/15/2016	Commor Stock	50,0	000	\$25.77	150,00	00	D				
Stock option (right to buy)	\$56.16	02/06/2014			M			28,000	(5)	(02/09/2014	Commor Stock	28,0	000	\$56.16	0		D				

Explanation of Responses:

- 1. Sale was made pursuant to a Rule 10b5-1 Plan adopted by Mr. Sagan on December 16, 2013.
- 2. Held in trust on behalf of Mr. Sagan's children.
- 3. Held by the Paul Sagan Revocable Trust. Mr. Sagan disclaims beneficial ownership of shares held by the Paul Sagan Revocable Trust except to the extent of his pecuniary interest therein.
- 4. Options vested in full on February 15, 2010.
- 5. Options vested in full on February 9, 2011.

Remarks:

/s/ Paul Sagan

02/07/2014

** 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 Number.