FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| hours per response: | 0.5 | | | | | |

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

| 1. Name and Address of Reporting Person* GRAHAM RONALD | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AKAMAI TECHNOLOGIES INC [AKAM] | | | | | | | | | tionship of Reportin all applicable) Director Officer (give title | | on(s) to Iss 10% Ov Other (s | vner | |
|--|---|-------------------|--|---------|--------------------------------------|--------------------------|--|-----------|---|-----------------------------|--------------------|--|--|-----------------------|---|---|---|------------------------------------|---|--|
| (Last) 8 CAMB | Last) (First) (Middle) 3 CAMBIRDGE CENTER | | | | | | | est Trans | saction (M | lonth/ | Day/Year) | | | below) | | below) | ъреспу | | | |
| (Street) CAMBRIDGE MA 02142 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curit | ies Ac | quired, | Dis | posed c | f, or | Bene | ficiall | y Owned | ı | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | Amount (A) or | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | | |
| Common Stock, par value \$.01 per share 06/ | | | | | 4/2009 | /2009 | | | S | | 3,500 |) | D | \$22.5 | 1 | 1 | | D | | |
| Common Stock, par value \$.01 per share 06/05/ | | | | | | 2009 | | | М | | 3,500 |) | A | \$2.27 | 3, | 3,551 | | D | | |
| Common | Stock, par | value \$.01 per s | hare | 06/05 | 5/2009 | 09 s 3,500 D \$22.5 51 D | | | | | | | | | | | | | | |
| | | 1 | Table II - | | | | | | | | osed of onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | on of I | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Amour Securi Under Deriva | 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 Transactic (Instr. 4) | Owners Form: Direct (or Indir (I) (Insti | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | or Nu of | nount mber ares | | | | | | |
| Stock option (right to | \$2.27 | 06/05/2009 | | | M | | | 3,500 | (1) | 0 | 5/20/2012 | Comm stock | | 500 | \$2.27 | 0 | | D | | |

Explanation of Responses:

1. Option vested in full on May 21, 2006.

/s/ Ronald Graham

06/05/2009

** 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.