

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>GOLDMAN SACHS GROUP INC</u> (Last) (First) (Middle) <u>200 WEST STREET</u> (Street) <u>NEW YORK NY 10282</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Limelight Networks, Inc. [LLNW]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/13/2013</u>	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)						Date Exercisable
Call Option (obligation to sell)	\$3	06/13/2013		S		06/13/2013	12/21/2013	Common Stock	10,000	\$10	100	I	See footnotes ⁽¹⁾⁽²⁾
Call Option (right to buy)	\$3	06/13/2013		P		06/13/2013	12/21/2013	Common Stock	10,000	\$25	0	I	See footnotes ⁽¹⁾⁽²⁾

1. Name and Address of Reporting Person* <u>GOLDMAN SACHS GROUP INC</u> (Last) (First) (Middle) <u>200 WEST STREET</u> (Street) <u>NEW YORK NY 10282</u> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>GOLDMAN SACHS & CO</u> (Last) (First) (Middle) <u>200 WEST STREET</u> (Street) <u>NEW YORK NY 10282</u> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>GSCP V ADVISORS, L.L.C.</u> (Last) (First) (Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[GSCP V OFFSHORE ADVISORS, L.L.C.](#)

(Last)

(First)

(Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[GS ADVISORS V, L.L.C.](#)

(Last)

(First)

(Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[GOLDMAN, SACHS MANAGEMENT GP
GMBH](#)

(Last)

(First)

(Middle)

MESSETURM FRIEDRICH-EBERT-ANLAGE 49

(Street)

FRANKFURT AM
MAIN 60323

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[GS CAPITAL PARTNERS V FUND, L.P.](#)

(Last)

(First)

(Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

[GS CAPITAL PARTNERS V OFFSHORE
FUND, L.P.](#)

(Last)

(First)

(Middle)

200 WEST STREET

(Street)

NEW YORK NY 10282

(City)

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(Zip)

1. Name and Address of Reporting Person*

[GS CAPITAL PARTNERS V GMBH & CO. KG](#)

(Last)

(First)

(Middle)

200 WEST STREET

(Street)
NEW YORK NY 10282

(City) (State) (Zip)

1. Name and Address of Reporting Person*
GS CAPITAL PARTNERS V INSTITUTIONAL, L.P.

(Last) (First) (Middle)
200 WEST STREET

(Street)
NEW YORK NY 10282

(City) (State) (Zip)

Explanation of Responses:

1. This statement is being filed by The Goldman Sachs Group, Inc. ("GS Group"), Goldman, Sachs & Co. ("Goldman Sachs"), GSCP V Advisors, L.L.C. ("GSCP Advisors"), GSCP V Offshore Advisors, L.L.C. ("GSCP Offshore Advisors"), GS Advisors V, L.L.C. ("GS Advisors"), Goldman, Sachs Management GP GmbH ("GS GmbH"), GS Capital Partners V Fund, L.P. ("GS Capital"), GS Capital Partners V Offshore Fund, L.P. ("GS Offshore"), GS Capital Partners V GmbH & Co. KG ("GS Germany"), GS Capital Partners V Institutional, L.P. ("GS Institutional" and, together with GS Capital, GS Offshore and GS Germany, the "Funds") (GS Group, Goldman Sachs, GSCP Advisors, GSCP Offshore Advisors, GS Advisors, GS GmbH and the Funds, collectively, the "Reporting Persons"). The Reporting Persons disclaim beneficial ownership of the securities reported herein except to the extent of their pecuniary interest therein, if any.

2. The securities reported herein as indirectly sold and purchased were beneficially owned directly by Goldman Sachs and indirectly by GS Group. Without admitting any legal obligation, Goldman Sachs or another wholly-owned subsidiary of GS Group will remit appropriate profits, if any, to Limelight Networks, Inc.

Remarks:

/s/ Kevin P. Treanor, Attorney-in-fact 06/17/2013

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/s/ Kevin P. Treanor, Attorney-in-fact 06/17/2013

/s/ Kevin P. Treanor, Attorney-in-fact 06/17/2013

** 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.