**Name and Address of Reporting Person**

Watters John P.
C/O FIREYE, INC.
601 MCCARTHY BLVD.
MILPITAS CA 95035

**Date of Event Requiring Statement**

04/05/2021

**Issuer Name and Ticker or Trading Symbol**

FireEye, Inc. [FEYE]

**Relationship of Reporting Person(s) to Issuer**

Director
10% Owner
Officer (give title below)
President & COO

**If Amendment, Date of Original Filed**

04/09/2021

**Individual or Joint/Group Filing**

Form filed by One Reporting Person
Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>8,795(1)</td>
</tr>
</tbody>
</table>

**Nature of Indirect Beneficial Ownership (Instr. 5)**

D

### Table II - Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Exercisable</td>
<td>Expiration Date</td>
<td>Title</td>
<td>Amount or Number of Shares</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. Includes 5,000 shares underlying restricted stock units.

**Remarks:**

This amendment is being filed to include 3,795 shares of common stock that were inadvertently omitted from the original Form 3.

**Signature of Reporting Person**

Ashlyn Perry, Attorney-in-Fact
08/17/2021

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 5 (b)(v).


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.