Statement of Changes in Beneficial Ownership

1. Name and Address of Reporting Person
   DEWALT DAVID G
   C/O FIREEYE, INC.
   1440 MCCARTHY BLVD.
   MILPITAS CA 95035

2. Issuer Name and Ticker or Trading Symbol
   FireEye, Inc. [FEYE]

3. Date of Earliest Transaction (Month/Day/Year)
   03/12/2014

4. If Amendment, Date of Original Filed (Month/Day/Year)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   X Director 10% Owner
   X Officer (give title below)
   Chief Executive Officer
   Other (specify below)

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Date</th>
<th>Code</th>
<th>Number of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>03/12/2014</td>
<td>S</td>
<td>485,656</td>
<td>$79.54</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4,175,628</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Number of Derivative Securities</th>
<th>Transaction Date</th>
<th>Code</th>
<th>Number of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td></td>
<td>4,175,628</td>
<td></td>
<td>S</td>
<td>219,000</td>
<td></td>
</tr>
</tbody>
</table>

Remarks:

The Reporting Person sold shares to the underwriters in connection with the closing of the Issuer's follow-on public offering. The reported sale price reflects the price at which the Reporting Person sold shares to the underwriters, which is net of underwriting commissions.

** 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).


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.