FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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* TOMLINSON TIMOTHY | | | | | | 2. Issuer Name and Ticker or Trading Symbol VERISIGN INC/CA [VRSN] | | | | | | | | | 5. Relationship of Repo (Check all applicable) X Director | | | ting Person(s) to Issuer | |
|--|--|--|---|---|---|---|------------------|---------------------------------|--------------------|-------|-----------------------------------|---|---------------|--|---|---|--------------------------------------|--|--|
| (Last) (First) (Middle) 21355 RIDGETOP CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2010 | | | | | | | | | Officer (give t below) | | | e Other (specify below) | |
| (Street) DULLES (City) | | | 20166 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Appli Line) X Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | | | | | | | | son | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | 3. 4. Securitie Disposed (5) 5) | | | es Acqui Of (D) (Ir | ired (A) nstr. 3, |) or 4 and | 5. Amou Securiti Benefic Owned Reporte | es ially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| Common Stock 08/ | | | | | 08/10/2010 | | | | S | | 1,101 I | |) (| \$29.4 | 10,385 | | | I | by Tomlinson FamTrst ⁽¹⁾ |
| | 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) | | ı of | | 6. Date Expirati | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numl of Share | per | | | | | | | |

Explanation of Responses:

1. Shares held of record by the Tomlinson Family Trust dated March 2, 2004 of which Reporting Person and his spouse are co-trustees. Each trustee has independent control and voting power over the Trust.

By: Luci Altman, as attorney-

in-fact For: Timothy

08/11/2010

Tomlinson

** 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.