FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
I	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* <u>LIN JUDY</u>						2. Issuer Name and Ticker or Trading Symbol VERISIGN INC/CA [ VRSN ]							f Reporting Persable)	10% Ow	ner
(Last) (First) (Middle) 487 EAST MIDDLEFIELD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/02/2005						below)	(give title Other (spelow)  utive Vice President & GM		·
(Street) MOUNTAIN VIEW CA			94043		If Ame 3/04/2	,	Date (	of Original Filed	d (Month/Day	//Year)	6. In Line	Form fil	int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting		
(City)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  Table II - Derivati						action 2A. Deemed Execution Date,			4. Securit Disposed 5)  Amount	ties Acquired (A) or l Of (D) (Instr. 3, 4 and  (A) or   Price  Or Beneficially		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		n: Direct or Indirect nstr. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Transaction Code (Instr. 8)		ve es d ed nstr. 5)	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)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit (RSU)	\$0	08/02/2005		A		10,000		08/02/2006 <sup>(1)</sup>	08/02/2009	Common Stock	10,000	\$0	10,000	D	

## Explanation of Responses:

1. On 08/02/2005, Reporting Person was awarded restricted stock units (RSUs). Each restricted stock unit represents a contingent right to receive one (1) share of VeriSign common stock once vested. Ten percent (10%) of the total RSUs granted vest and become exercisable on the first anniversary of the date of grant, twenty percent (20%) of the total RSUs granted vest and become exercisable on the second anniversary of the date of grant, thirty percent (30%) of the total RSUs granted vest and become exercisable on the fourth anniversary of the date of grant, and forty percent (40%) of the total RSUs granted vest and become exercisable on the fourth anniversary of the date of grant.

## Remarks:

Reporting Person's total direct holdings disclosed in Table I, Item 5 under Amount of Securities Beneficially Owned Following Reported Transaction(s) includes shares acquired through the VeriSign 1998 Employee Stock Purchase Plan. This Form 4 is being amended to correct the original reporting of Reporting Person's restricted stock unit awards as non-derivative securities to derivative securities.

By: Donald T Rozak Jr, as attorney-in-fact For: Judy Lin

01/09/2006

\*\* 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.