Edgar Filing: Five9, Inc. - Form 4

Five9, Inc.

Form 4	01.6										
August 17, 2										APPROVAL	
FORM	UNITED	STATES		RITIES A shington			NGE C	COMMISSION		3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				SECU	RITIES				Expires:January 3Estimated averageburden hours perresponse		
Form 5 obligatior may conti <i>See</i> Instru 1(b). (Print or Type R	ns Section 17(action	a) of the F	Public U		ding Con	npan	y Act of	e Act of 1934, 1935 or Sectio 0	'n		
1. Name and Address of Reporting Person <u>*</u> Burkland Michael			2. Issuer Name and Ticker or Trading Symbol Five9, Inc. [FIVN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O FIVE9, INC. BISHOP RANCH 8, 4000, EXECUTIVE PARKWAY, SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2016					X Director 10% Owner X Officer (give title Other (specify below) below) CEO, President and Chairman			
				endment, D nth/Day/Yea	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tah	le I - Non-I	Derivative	Secur	ities Aca		f. or Benefici:	ally Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	n Date, if Transaction(A) or Disposed Code (Instr. 3, 4 and		Acquired 5. Amount of sed of (D) Securities ad 5) Beneficially Owned Following Reported A) Transaction(s) or (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	08/15/2016			S	20,000	D	\$ 13.59 (1)	185,500	I	The Burkland Family Revocable Trust	
Common Stock								953,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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displays a currently valid OMB control number.

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)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable and Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
Beno	rting O	wnore	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Burkland Michael C/O FIVE9, INC. BISHOP RANCH 8, 4000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94583	Х		CEO, President and Chairman				
Signatures							
/s/ David Hill, 08/17/201 attorney-in-fact	6						
<u>**</u> Signature of Reporting Person Date							
Explanation of Responses	S:						

- * 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).

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from

\$13.29 to \$13.82, inclusive. The reporting person undertakes to provide Five9, Inc., any security holder of Five9, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

Remarks:

The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Burkland Family Revoc

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.