## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Burkland Daniel P.						2. Issuer Name and Ticker or Trading Symbol Five9, Inc. [ FIVN ]								Relationship neck all appli Direct	cable)	g Pers	on(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O FIVE9, INC., BISHOP RANCH 8 4000 EXECUTIVE PARKWAY, SUITE 400							3. Date of Earliest Transaction (Month/Day/Year) 01/22/2018								X Officer (give title Offier (specify below)  President				
(Street) SAN RAMON CA 94583 (City) (State) (Zip)					_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form Form	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(5			on-Deri	ivativ	e Se	rurit	ties Ac	auired	Di	sposed o	of or Re	neficial	ly Owner					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					action	2A Ex r) if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr.		(A) or	5. Amor Securit Benefic Owned	. Amount of securities seneficially owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 01/22/2						018			M		10,000	A	\$0.28	3 17	178,291		D		
Common Stock 01/22/2						018			S		10,000(1	) D	\$24.32	168,291			D		
Common Stock														20	,197		I	by Trust	
		-	Table II								oosed of, convertil			Owned					
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. Transa Code ( 8)				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. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	de V		(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$0.28	01/22/2018			M			10,000	(3)		12/15/2019	Common Stock	10,000	\$0	49,40	1	D		

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 14, 2016.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.97 to \$24.57, 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.
- 3. The option granted on December 15, 2009 is now fully vested.

# Remarks:

/s/ David Hill, attorney in fact 01/23/2018

\*\* Signature of Reporting Person

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.