### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number	3235-0287							
Estimated average burden								
hours per resp	oonse: 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 Michael					2. Issuer Name <b>and</b> Ticker or Trading Symbol Five9, Inc. [ FIVN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) C/O FIVE9, INC. BISHOP RANCH 8, 4000 EXECUTIVE PARKWAY, SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 07/15/2016								X	belov	,		Other (specify below)		
(Street) SAN RA (City)			94583 		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia		ies ially Following	Forn (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tr		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock			07/15/2016				S		16,000	D	\$12.1	12 <sup>(1)</sup>	213,500			I	The Burkland Family Revocable Trust		
Common Stock													953,000			D			
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)	if any	emed ion Date, /Day/Year)	n Date, Transa Code		n of Expi r. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira (Monti	6. Date Exercisable an Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date Expiration Date Expiration Date Expiration Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Title Shares		<u> </u>		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.00 to \$12.22, 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.

The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Burkland Family Revocable Trust on March 14, 2016.

/s/ Barry Zwarenstein, attorney-in-fact

07/19/2016

Date

\*\* 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.