FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| 1. Name and Address of Reporting Person* Passi Gaurav (Last) (First) (Middle) C/O FIVE9, INC., BISHOP RANCH 8, 4000 EXECUTIVE PARKWAY, SUITE 400 | | | | | <u>Fi</u> | Issuer Name and Ticker or Trading Symbol Five9, Inc. [FIVN] 3. Date of Earliest Transaction (Month/Day/Year) 06/25/2018 | | | | | | | | heck all | elationship of Reporting Person(s) to Issuer eck all applicable) Director 10% Owner X Officer (give title below) below) EVP, Product Management | | | | vner |
|--|---|---|---|-----|------------------------------|--|--------------|-------|---|------|--------------------|--|---|---|---|--|----|--|---|
| (Street) SAN RAMON CA 94583 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) Common Stock 06/25/20 | | | | | | on 2A. Deemed Execution Date, | | | 3. Transac Code (Ir | tion | _ | es Acquired | 5. Amou Securitie Benefici Owned I | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | 018 | | | | v | Amount 1,428 | (A) or (D) | Price \$16.2 | Tı (lı | Reported Transaction(s) (Instr. 3 and 4) | | D | | (Instr. 4) |
| Common | | ve Securities Acquired, Disposed of, or Beneficits, calls, warrants, options, convertible securit | | | | | | | eficiall | - | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | ned | 4. Transa Code (8) | action | 5. Number of | | 6. Date Exercis. Expiration Date (Month/Day/Yea | | sable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficia Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Number of Shares | | | | | | |
| Employee Stock Option | \$16.25 | 06/25/2018 | | | M | | | 1,428 | (3) | | 02/23/2027 | Common Stock | 1,428 | \$ | 0 | 45,700 | | 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 March 2, 2018.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.07 to \$35.29, 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 vests in 48 equal monthly installments beginning on the one month anniversary of February 23, 2017.

Remarks:

buv)

/s/Barry Zwarenstein, attorney in fact

06/26/2018

** 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.