FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

or Section 30(h) of the Investment Company Act of 1940

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol Five9, Inc. [FIVN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
MILAM DAVID B			1170, III. [11717]								Dire	ector	10% (Owner				
													_		cer (give title		(specify	
(Last)	(F	irst) (Middle)				est Trans	saction (N	1onth/	Day/Year)				below) below))	
C/O FIVI	E9. INC I	BISHOP RANCH	I 8.		06/04/2015							Chief Marketing Officer						
4000 EXECUTIVE PARKWAY, SUITE 400				1														
			4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable							
(0)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)					
(Street)	MON C		. 4500										X Form filed by One Reporting Person					
SAN RA	MON C	A	94583									Form filed by More than One Reporting						
														Person				
(City)	(S	State) (Zip)															
		Tab	e I - Non-	-Deriva	ative S	ecurit	ies Ac	quired	Dis	posed o	of, oı	r Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		Transaction Dispos		Dispose	rities Acquired (A) ed Of (D) (Instr. 3, 4		(A) or 3, 4 ar	nd Secu Bene	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	((A) or (D)	Price	Trans	saction(s) : 3 and 4)		(Instr. 4)	
Common Stock 06/0				06/04/	2015			S ⁽¹⁾		810		D	\$5.2	1(2)	68,926 ⁽³⁾	D		
		Ta	able II - Do (e							sed of, onvertib				y Owned	i			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	nversion Date Execute Exercise (Month/Day/Year) Date Execute Exercise (Month/Day/Year) Date Execute Date Da	3A. Deemed Execution D if any (Month/Day	Date, T	I. Fransacti Code (Ins 3)	on of Del Sec (A) Dis of (In:	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		n Dat	Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		1	I	- 1	- 1	- 1	1 1				1	Am	ount		1	1	1	

Explanation of Responses:

- 1. The reported sales were to cover taxes upon the vesting of restricted stock units.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.20 to \$5.22. 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

Date

Exercisable

(D)

Expiration

3. Includes 1,500 shares acquired under the Five9, Inc. employee stock purchase plan on May 15, 2015.

Remarks:

/s/ David Hill, attorney-in-fact 06/08/2015

** Signature of Reporting Person

Number

of Shares

Title

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.