FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGE

,	OMB APPR	OMB APPROVAL					
S IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287					
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obligations may continue. See
Instruction 1(b)

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*							2. Issuer Name and Ticker or Trading Symbol Five9, Inc. [FIVN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Burkland Daniel P.					1	TIVES, THE [ FIVIN ]										Direc	rector		10% O	wner		
(Last) (First) (Middle)																	Office	fficer (give title elow)		Other (specify below)		
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 08/09/2017										EVP Global Sales		iles and	,							
C/O FIVI	E9, INC.,	, BI	SHOP RANCH	8		100/	03/20	11/								L v i Gional Sales alla Sei vices						
4000 EXECUTIVE PARKWAY, SUITE 400																						
4000 LALGOTTVE TAIMWAT, 50TTE 400					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(0)						.	4. II Amendment, Date of Original Filed (Month/Day/ feat)										Line)					
(Street) SAN RA	MON	CA		94583												X Form filed by One Reporting Person					on	
SAN KA	MON	CA	5	14303													Form	filed by Mor	e than C	ne Rep	orting	
						1											Pers	on			-	
(City)		(Stat	te) (2	Zip)																		
			Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, o	r Bei	nefici	ally O	wne	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Da		n Date, Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 and	and 5) Secu Bene Own		cially d Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership			
										Code V Amou		Amount	(A) or (D) Price		Price	Reported Transaction(s (Instr. 3 and 4		action(s)			(Instr. 4)	
Common Stock 08/09/20						2017	2017					4,163(1)	D \$21		\$21.0	04 <sup>(2)</sup> 159,335		59,335	I	)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
					(e.g., p	uts, c	ans,	warr	anıs,	optio	ns, c	onvertib	ne s	secur	illes)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on se	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/I						6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		;		rivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Own For Dire or II (I) (I	nership m: ect (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	V (A) (E		Date Exercise	ahle	Expiration Date	Title	or Nu of	ımber	er						

## **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 \$21.02 to \$21.09, 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:

/s/ David Hill, attorney-in-fact 08/10/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.