FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-0 | | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Alexy Kimberly | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Five9, Inc. [FIVN] | | | | | | | | | Check all | ship of Reporti applicable) rector | , | Person(s) to Issuer | |
|---------------------------------------------------------------|------------------------------------------------------------------|---------------|--------------------------------------------|----------------------------------------------|-----------------------------|-------|-------------------------------------------------------------------------|-------------------------------------------------------------|--------|---------------------------------------------------------------------------|--------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|--|
| C/O FIVE9, INC., BISHOP RANCH 8 | | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2016 | | | | | | | | | fficer (give title elow) | | Other (specify below) | |
| | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) SAN RA | MON | CA | 9 | 4583 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | ı | (Stat | re) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Nor | n-Deriv | ative | Se | curiti | es Acc | quired, | Dis | posed o | f, or | Ben | efici | ally Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | ır) I | 2A. Deemed Execution Date, f any Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd See Bei Ow | mount of curities neficially ned Following ported | 6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4) | of Indirect | |
| | | | | | | | | | | Code | v | Amount | 0 | (A) or (D) | Price | Tra | nsaction(s) tr. 3 and 4) | | (instr. 4) | |
| Common Stock 05/18/ | | | | | | | /2016 | | | A | | 15,000 | | A | \$0. | 00 | 15,000 | D | | |
| Common | Stock | | | | | | | | | | | | | | | 62,173 I By t | | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | y Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversi or Exerci Price of Derivativ Security | on li se (| 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transaction Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | ount | 8. Price Derivativ Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ect (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ David Hill, attorney-in-fact 05/19/2016

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).