FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- 1		
	OMB Number:	3235-0287
	Estimated average I	ourden
	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction																	
1. Name and Address of Reporting Person* <u>Dignan Andy</u>				2. Issuer Name and Ticker or Trading Symbol Five9, Inc. [FIVN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) CHIEF OPERATING OFFICER					wner	
(Last) (First) (Middle) C/O FIVE9, INC.				3. Date of Earliest Transaction (Month/Day/Year) 09/04/2024													·	
3001 BISHOP DR., STE. #350 (Street) SAN RAMON CA 94583					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)															
		Table	I - N	on-Deriva	tive S	Secui	rities Ad	quire	d, Di	sposed of	f, or E	Benefic	ially (Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Days			Execution Date		tion Date,	Transaction Dispos			ities Acquired (A) d Of (D) (Instr. 3, 4		4 and 5) S		5. Amount of Securities Beneficially Owned Following Reported		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								v	Amount	(A) or (D)	Price	- 1-	Transaction(s) (Instr. 3 and 4)				L,	
Common Stock 09/04/20				024		S		4,245(1)	D	\$30.2	26 ⁽²⁾ 119,927		9,927		D			
		Tal	ble II							posed of, convertib				wne	t			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		ution Date,		Transaction of Code (Instr. Derivative		Expi (Moi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ce of ative rity . 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. The reported sales were to cover taxes upon the vesting of restricted stock units. The sales reported in this Form 4 were effected in accordance with Five9, Inc.s previously established sell to cover withholding policy, the Corporations Policy.

(D)

2. The price reported in Column 4 is a weighted average price applied to the transaction by the broker under the Corporations Policy for sales to cover taxes upon vesting of restricted stock units for all individuals, including the reporting person subject to the Corporations Policy on the date such sales occurred. 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.

Exercisable

Date

Remarks:

/s/ Leena Mansharamani,

Shares

09/06/2024

Attorney in Fact ** 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).

Code

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.