## FORM 4

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 defense conditions of Rule 10b5-

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** OMB Number: 3235-0287 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(c). Se	ee Instruction	10.																		
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol Five9, Inc. [FIVN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Burkland Michael						,			,						Direc			10% O		
-														1	Office below	er (give title		Other ( below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										v) Chief Exec	utivo	,		
C/O FIVE9, INC.						09/04/2024										mer Exce	utive	Officer		
3001 BIS	SHOP DR.	STE. #350																		
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)											•	,		ine)		,		•		
SAN RAMON CA 94583			}											Form filed by One Reporting Person						
														Form filed by More than One Reporting Person						
(City)	(S	tate) (2	Zip)																	
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	quire	d, Di	sposed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					rear)	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Ac Disposed Of (D)					Benefic Owned		ties cially d Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Ì	Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 09/04/202					24	.4			S		12,595(1)(2)	D	\$30.2	\$30.27 <sup>(3)</sup>		53,488		D		
Common Stock													13		33,026		I	By Trust		
		Tal	ble I	I - Derivati											Owne	d				
				(e.g., pı	ıts, c	alls, v	varra	ants	, opti	ions,	convertib	le se	curities	s)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		Der	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- 1. The reported sales were to cover taxes upon the vesting of restricted stock units.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 12, 2024.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$29.89 to \$30.83, 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/ Leena Mansharamani, **Attorney in Fact** 

09/06/2024

\*\* 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.