FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

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

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		D 0 0			

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*  Liganormaton, Chicagonalei						2. Issuer Name <b>and</b> Ticker or Trading Symbol OOMA INC OOMA							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Hamamatsu Shigeyuki</u>						Sometime [ comit]							Dire		tor		10% O	wner		
-														1	Office	er (give title		Other (s	specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							,								
C/O OOMA, INC.						12/10/2024								Chief Financial Officer						
525 ALMANOR AVE, SUITE 200																				
323 ALMANOR AVE, SUITE 200						4. If Amendment, Date of Original Filed (Month/Day/Year)							1) 6	6. Individual or Joint/Group Filing (Check Applicable						
					7. "	4. II Amendinent, Date of Original Filed (World Day/Year)								Line)						
(Street)			e E									Form filed by One Reporting Person					on			
SUNNYVALE CA 94085			13										Form filed by More than One Reporting							
-															Perso	on				
(City)	(	State)	(Zip)																	
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			- I -					_			-	-		lally	1					
1. Title of	Security (Ir	str. 3)		2. Transaction Date				3. 4. Securities Acquired (A) or Transaction Disposed Of (D) (Instr. 3, 4 ar									7. Nature of Indirect			
Date   (Month/Day/Yea					ear)   i	ar) if any		´   (	Code (Instr.		Diaposeu Oi	(D) (IIISII. 3, 4 ali		Benef		icially (D)		or	Beneficial	
					(Month/Day/Year		ar) L	8)					Owne Repo					Ownership (Instr. 4)		
							- 1	Code V A		Amount	(A) or (D)	A) or Price		Transaction(s) (Instr. 3 and 4)		` -	´	,		
					_			+				(D)			(instr.	3 and 4)	_			
Common	Stock			12/10/202	24				S		35,313	D	\$15.509	<b>95</b> (1)	10	55,301		D		
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		10	IDIE	II - Derivat							converti				JWIIE	u				
1. Title of	2.	3. Transaction	24		4.	,			<del></del>		rcisable and	1	le and	Ť	rice of	O Number	-¢	10.	11. Nature	
Derivative	Conversio	n Date	Exe	3A. Deemed Execution Date,	Trans	saction of		5. Number of		Expiration Date		Amo	unt of	Der	ivative	ve derivative		Ownership	of Indirect	
) Derivative			ny onth/Day/Year)	Code 8)	Code (Instr.		Derivative Securities					rities erlying		urity tr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownershi		
		ontin Day, rear,	",	0)		Acquired		I Derivativ			ative	''''	u. 5)	Owned		or Indirect	(Instr. 4)			
Security			(A) or Disposed				Security (Ins d 3 and 4)				tr.		Following (I) Reported		(I) (Instr. 4)	i. 4)				
			of (D)			)				,	1		Transaction	n(s)						
			(Instr. 3, and 5)			†							(Instr. 4)							
			$\vdash$	Т		_	+		Т	+	Amount	1								
			1						1				or							
								Dat	'Α	Expiration	,	Number								
			Code	v	(A)	(D)		rcisable		Title										

## **Explanation of Responses:**

1. The range of prices for the shares of Common Stock sold is from \$15.39 to \$15.705. The Reporting Person undertakes that he will provide, upon request by the staff of the U.S. Securities and Exchange Commission, full information regarding the number of securities sold at each separate price.

/s/ Shigeyuki Hamamatsu 12/11/2024

\*\* 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.