FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					1		30()			00	ilipally Act C									
Name and Address of Reporting Person*     Butenhoff Susan						2. Issuer Name <b>and</b> Ticker or Trading Symbol OOMA INC [OOMA]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> </u>	011 0 404													-  ×	X Director			10% O	wner	
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023								Office	er (give title v)		Other (: below)	specify	
C/O OO	MA, INC.	Δ If Λ	4. If Amondment, Data of Original Filed (Month/Day/Moss)								6 In	6. Individual or Joint/Group Filing (Check Applicable								
525 ALMANOR AVE., SUITE 200						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)						
											X	X Form filed by One Reporting Person								
(Street) SUNNYVALE CA 94085													Form filed by More than One Reporting Person							
JOHN	VILLE C	54005			Dul	Dula 10hE 1(a) Transaction Indication														
(O:t- )	(6	·> /-	7:\	>		Rule 10b5-1(c) Transaction Indication														
(City)	(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												ended to		
		Table	l - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or	Ben	eficial	ly Owi	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securitie Disposed 0						Securi Benefi Owned Follow	cially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Code	v	Amount				(A (D	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)									
Common	2023				A		11,783 <sup>(1</sup>	11,783 <sup>(1)</sup> A		\$0.00	8	88,411		D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	vative irities ired ir osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		D Sci	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Num of							

## Explanation of Responses:

1. 100% of the total number of restricted stock units shall vest on the date of the Company's 2024 annual stockholder meeting, subject to the Reporting Person's continued service as a member of the Board.

## Remarks:

/s/ Susan Butenhoff

06/02/2023

\*\* 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.