FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	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

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1. Name and Address of Reporting Person* <u>Galligan Andrew H</u>				2. Issuer Name and Ticker or Trading Symbol OOMA INC [OOMA]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Gaingan Andrew 11					<u> </u>										X Direc	ctor	tor 10% (vner		
(Last)	(F	irst) (N	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023										Office below	er (give title v)		Other (spec below)					
C/O OO	C/O OOMA, INC.					4 If Amondment, Date of Original Filed (Month/Day/Moar)								6 11	6. Individual or Joint/Group Filing (Check Applicable						
525 ALMANOR AVE., SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Line)								
															X Form filed by One Reporting Person Form filed by More than One Reporting						
(Street) SUNNYVALE CA 94085			4085												Form Pers		ore than O	пе Кер	orting		
,—————————————————————————————————————	SOINTI VALE CA 94005				Rule 10b5-1(c) Transaction Indication																
(City)	(S	tate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to																
			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.																		
		Table	I - No	n-Deriva	tive S	ecur	ities <i>F</i>	\cq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned					
1. Title of	Security (In:	str. 3)		2. Transacti Date	on 2A. Deemed Execution Date,				3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3,										7. Nature of Indirect		
(Month/Day						Code (Instr. 5) 8)		,,,			Benefi Owned Follow	d	(D) or Indirect ((Instr. 4))	Beneficial Ownership (Instr. 4)						
									Code	v	Amount	(A (C	A) or D)	Price	Repor Transa		(,		(,		
Common Stock 06/01/20				2023				A		11,783(1) A \$0.0		\$0.00	00 202,071		D					
		Tab	le II -	Derivati												ed	,				
				(e.g., pu		ls, v	varran	ts,													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) if any e of vative (Month/Day/Year		ition Date,	4. Transaction Code (Instr. 8)		5. Numbe of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	ive ies ed ed	6. Date Exercisable Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f C	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (II	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)	Date Expiration Date		Title	or Nur of	ount mber ares								

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/ Andrew H. Galligan

06/05/2023

** Signature of Reporting Person

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.