Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 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. Name and Address of Reporting Person* <u>Hamamatsu Shigeyuki</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol OOMA INC [OOMA] | | | | | | | | | | k all app Direc | licable) tor | ng Pe | rson(s) to Is | vner | |
|--|--|--|---|--------------------------------|---|---|---|----|--|----------------------|--------------------------------------|---|---------------|------------------------------------|--|--|--------------------------------------|--|--|--|
| (Last) | (F MA, INC. | irst) (M | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2024 | | | | | | | | | V | belov | er (give title v) Chief Fina | ncial | Other (s below) Officer | specify | | | |
| 525 ALMANOR AVE, SUITE 200 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | <u></u> | | | | | |
| (Street) SUNNYVALE CA 94085 | | | | • | | Form filed by One Reporting Person Form filed by More than One Report Person | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Exec if an | Deemed cution Date, ly nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | es Acquired (A) Of (D) (Instr. 3, | |) or 4 and | | ties cially I Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 06/01/2 | | | | | 2024 | | | | F ⁽¹⁾ | | 882 | Г | \$ | 8.64 | 216,545 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, /Day/Year) | | Transaction Code (Instr. | | of | | Exercion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | | | Expiration Date | Title | Amou or Numb of Shares | er | | | | | | | | |

Explanation of Responses:

1. Shares delivered by Reporting Person to Issuer in payment of the withholding tax liability upon vesting of the restricted stock units.

/s/ Shigeyuki Hamamatsu

06/04/2024

** 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.