Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | |

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

| Name and Address of Reporting Person* Gustke James A. | | | | | 2. Issuer Name and Ticker or Trading Symbol OOMA INC [OOMA] | | | | | | | | | k all app Direc | licable) tor | ng Pei | rson(s) to Is | vner | |
|--|--|-----------|---------|---|---|---|--------|--------------------------------------|-------------------------------------|----------------------------------|--------------------|---|----------------------------------|---|--|---|--|--|---|
| (Last) | (F MA, INC. | irst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023 | | | | | | | | X | belov | , | nt of] | Other (s below) Marketing | · |
| 525 ALMANOR AVE., SUITE 200 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) SUNNYVALE CA 94085 | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (\$ | State) (2 | 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. | | | | | | | | | nded to | | | | | | |
| | | Table | I - No | n-Deriva | tive \$ | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benefic | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date | | Date, | Transaction Disposed Code (Instr. 5) | | 4. Securitie Disposed 0 5) | | | 4 and Securi Benefi Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pric | ce Report Transa (Instr. 3 | | ed action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 12 | | | 12/01/2 | 2023 F ⁽¹⁾ 1,485 D | | \$1 | 1.86 | 155,207 | | | 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 | | if any | emed ion Date, //Day/Year) | | Transaction of Code (Instr. Derivative | | Expirat | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e C s s Ily o (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Number of Shares | | | | | | |

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.

Remarks:

/s/ James A. Gustke

12/04/2023

** 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.