SEC Form 4	
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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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 OW Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940	
1. Name and Address of Reporting Person <u>STANG ERIC B</u>	* 2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>OOMA INC</u> [ OOMA ]	5. Relationsl (Check all ap X Dire
(Loot) (First)	3. Date of Earliest Transaction (Month/Day/Year)	X Offi

STANG ERI	СВ			(		
				X	Director	10% Owner
(Last) C/O OOMA, IN	(First) C.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/08/2023	х	Officer (give title below) CEO and Pres	Other (specify below) 5.
525 ALMANOI	R AVE., SUITE 20	00	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line)	dual or Joint/Group Filing (	(Check Applicable
Street)				Х	Form filed by One Report	ting Person
SUNNYVALE	CA	94085			Form filed by More than ( Person	One Reporting
(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)	ity (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	09/08/2023		<b>F</b> <sup>(1)</sup>		8,055	D	\$13.64	425,000	D	
Common Stock								1,042,890 <sup>(2)</sup>	Ι	By the Eric Stang & Pamela Stang TR UA 09/02/2004 Stang Family Trust <sup>(3)</sup>

### 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Date Amount of		ecurities Security Se nderlying (Instr. 5) Be erivative Ow ecurity (Instr. Fol		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount 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.

2. 7,570 shares of the Company's Common Stock previously held directly by the reporting person were contributed by the reporting person to the Trust (as defined in Footnote 3).

3. Shares held by the Eric Stang & Pamela Stang Trust U/A 09/02/2004 Stang Family Trust (the "Trust"). Voting and investment power over the shares held by the Trust is exercised by the reporting person, as one of the trustees.

## **Remarks:**



<u>09/11/2023</u>

\*\* 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.