# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

l	OMB APPR	OVAL
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l	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*  STANG ERIC B																	k all applic	-		son(s) to Iss 10% Ov			
(Last) (First) (Middle) C/O OOMA, INC. 1880 EMBARCADERO ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/13/2017												X Officer (give title Other (specify below)  CEO and Pres.						
(Street) PALO ALTO CA 94303  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 02/15/2017											Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(3		(Zip) ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	ani	ired.	Disr	nosed o	of. o	r Ber	efici	ially	Owned						
1. Title of Security (Instr. 3)				2. Trans	. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr		4. Securities Acqu n Disposed Of (D) (I		Acquire	quired (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Ī	Code	v	Amount		(A) or (D)	Pric	e	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock <sup>(1)</sup>				02/1	02/13/2017				1	Α		150,00	00	Α	\$(	0.00	1,257,704		D				
Common Stock																	154	,189		I	By the Stang Family 2014 Grantor Retained Annuity Trust <sup>(2)</sup>		
		-	Table II -							-	-					-	Owned		,	,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	d 4. Date, Transa		ection	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. E	<u> </u>	ercisa Date	rcisable and Date		7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4		int 8	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e O S Illy D O I (!)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisabl		Expiration Date	Title	e	Amou or Numb of Share	er							
Employee Stock Option (right to	\$10.2	02/13/2017			A		50,000			(3)	0:	2/13/2027		nmon ock	50,0	00	\$0.00	50,000	0	D			

## **Explanation of Responses:**

- 1. Represent restricted stock units which will vest as follows: 1/8th of the total original number of restricted stock units shall vest on September 15, 2017 and 1/16th of the total original number of restricted stock units shall vest on the same day of every third month thereafter.
- 2. Shares held by the Stang Family 2014 Grantor Retained Annuity Trust. Mr. Stang holds voting and dispositive power with respect to the shares held of record by this entity.
- 3. 1/8th of the shares subject to the option will vest and become exercisable on September 15, 2017 and 1/16th of the shares subject to the option shall vest and become exercisable on the same day of every third month thereafter.

## Remarks:

Amendment filed to correct the clerical error made to the grant date of the restricted stock units as previously reported from 2/15/2017 to 2/13/2017.

/s/ Spencer D. Jackson, as attorney-in-fact for Eric B.

\*\* Signature of Reporting Person

03/22/2017

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.