FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL IB Number: 3235-0287

Estimated average burden hours per response: 0.5

	Check this box if no longer subject
	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

·									-			1								
1. Name and Address of Reporting Person [*]						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hand Judi															X Director				10% O	wner
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023										Office below	er (give title v)		Other (below)	specify
C/O OOMA, INC.																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
525 ALMANOR AVE, SUITE 200															- /	X Form filed by One Reporting Person				
															11	Form filed by More than One Reporting				
(Street)														Pers				orung		
SUNNY	SUNNYVALE CA 94085																			
						Rul	e 10	Jb5-1((C)	Trans	sac	tion Ind	icati	on						
(City)		(Sta	te) (Z	Ľip)			الم ماد	hia hav t- i	indic -	oto that -		nantion war -		way and to		root in-	truction or	itten -	lan that is int	and ad to
												saction was n ons of Rule 1					truction or wr	itten p	lian that is ini	ended to
			Table	- No	n-Derivat	tive S	ecur	rities A	cqu	uired,	Dis	posed of	, or I	Benefi	ciall	y Owr	ned			
1. Title of	Security	(Instr	: 3)		2. Transacti					3. 4. Securities Acquired (A									7. Nature	
Date (Month/Day					Date (Month/Day	Execution Date, /Year) if any				Transaction Disposed Of (D) (Instr. 3) Code (Instr. 5)			Instr. 3, 4	, 4 and Securities Beneficially			Form: Direct (D) or		of Indirect Beneficial	
						(Month/Day/Year)			8)				Owned Follow		d Înd		rect (I)	Ownership		
							H				(A) or Drive			Reported		(insi	tr. 4)	(Instr. 4)		
									e	Code	v	Amount	(A) (D)		ce	Transaction(s) (Instr. 3 and 4)				
Common Stack						22		-			11 702(1		<u>م</u>	0.00	41,087			D		
Common Stock 06/01/20						A 11,783 ⁽¹⁾ A				A \$().00	41,007			D					
			Tab	le II -	Derivativ	ve Se	curit	ies Aco	auir	red. D	isp	osed of.	or Be	enefici	allv	Owne	ed			
					(e.g., put															
1. Title of	2.		3. Transaction	3A. Deemed		4.		5.		6. Date Exercisable and 7. T			7. Titl	e and	8. F	8. Price of 9. Nu		of	10.	11. Nature
Derivative Security	Convers or Exerc		Date (Month/Day/Year)		ition Date,	Transa		Number of		Expiration Da (Month/Day/Y			Amou Secui			ivative urity	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)	Price of		(wonth/Day/rear)	(Month/Day/Year			Code (Instr. 8)		ive	(INIOTICIAL	Jayn	caij	Underlying			str. 5)	Beneficially Owned Following	у	Direct (D)	Ownershi
	Derivativ Security	'e						Securitie Acquire						Derivative Security					or Indirect (I) (Instr. 4)	(Instr. 4)
					(A) or				(Instr. 3 and						Reported		(.) (
					Dispose of (D)		a	1							Transactio (Instr. 4)	n(s)				
						(Instr. 3, 4 and 5)														
							-+						-							
												Amoun or	^t							
	1	- 1												Numbe	r I		1	- 1		1

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.

(A) (D)

Date Exercisable Expiration Date

Remarks:

/s/ Judi Hand

of Shares

Title

06/03/2023

** 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).

Code

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.

OMB Number: