FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Se	ee Instructio	on 10.	•																		
Name and Address of Reporting Person* Vala Lampus C.						2. Issuer Name and Ticker or Trading Symbol OOMA INC OOMA							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Yeh Jenny C						O MILLIA [O O MILL]									Director			10% Ov	vner		
															- 1		er (give title		Other (s	specify	
(Last)		(Firs	t) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 09/15/2024								-	— below)			, ,			
C/O OOI	MA, INC					09/1	09/13/2024									SVP, General Counsel & Sec.					
525 ALN	IANOR	AVI	E., SUITE 200																		
,						4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable														
(Street)						1									Line	_	filed by On	ed by One Reporting Person			
SUNNY	VALE	CA	9.	4085		1											•	' ĭ I			
						1										Form filed by More than One Reporting Person					
(City)		(Stat	e) (Z	(ip)		1															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (I	nstr.	. 3)		2. Transac	tion		Deeme		3.		4. Securitie								7. Nature	
Date (Month/Date				y/Year)	/Year) Execution Date			Code (Instr. 5)			Disposed Of (D) (Instr. 3, 4 5)		3, 4 and	Benefi	cially (D)	(D) or	or Indirect	of Indirect Beneficial			
				(Month/Day/Year)			8)			- Report	ed i			Ownership (Instr. 4)							
									Code	v	Amount	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)						
Common Stock 09/15/2					2024				F ⁽¹⁾		1,550	D \$		\$11.78	8 146,621			D			
			Tab	ole II -	Derivati	ive Se	curi	ties A	Acau	ired [Disn	osed of, o	or Be	nefi	icially	Owne	d	,			
			101									onvertib					•				
1. Title of Derivative	2. Conversion	3. Transaction			3A. Deemed		ection	5. Number		6. Date Exercisable and Expiration Date		7. Title and			. Price of Derivative	9. Number derivative		10. Ownership	11. Nature		
Security	or Exercis		Date (Month/Day/Year)	Execution Date, if any		Code (nstr. Derivative		(Month/Day/\			Amount of Securities		s	ecurity	Securities	l F	Form:	Beneficial	
(Instr. 3) Price of (Month/Day			/Day/Year)	8)	8)		Securities Acquired		Underlying Derivative			(Instr. 5)	Beneficiall Owned		Direct (D) or Indirect	Ownership (Instr. 4)				
	Security							(A) or Disposed		Security (Ins 3 and 4)			ıstr.		Following Reported						
								of (D)		J and			٠,			Transactio		n(s)			
								(Instr. 3, 4 and 5)									(111501. 4)				
													Amo	ount							
								or Num	nber												
						Code					Expiration Date			res							
								L ' '													

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/ Jenny C. Yeh

09/16/2024

** 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.