Five9, Inc.											
Form 4											
April 10, 201	.5										
FORM	4									PPROVAL	
Was				RITIES AND EXCHANGE COMMISSION shington, D.C. 20549				OMB Number:	3235-0287		
Check thi if no long	or								Expires:	January 31,	
subject to		EMENT O	F CHAN		ES IN BENEFICIAL OWNERS				Estimated a	ed average	
Section 1		SECURITIES						burden hou	burden hours per		
Form 4 or Form 5		unquest to	Section 1	f(a) = f(b)	a Caaumit	as Er	ahana	A  at of $1024$	response	0.5	
obligation	• •						-	ge Act of 1934, f 1935 or Sectio	'n		
may conti	inue.		of the In	•	•	· ·			11		
See Instru 1(b).	iction	20(11)	or the m	( estiment	Compun	<i>j</i> 1100	01 17				
(Print or Type R	Responses)										
1 1 1 4	11 CD (*	D *						5 D L ( ) L )			
Course MC shared I				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Crane when	acı J.		Symbol Eive0 I	nc. [FIV]	רד.			100000			
				L	-			(Chec	ck all applicable	e)	
(Last)	(First)	(Middle)		Earliest Tr	ansaction			D. (	100		
C/O FIVF9	INC., BISHOI	PRANCH	(Month/D 04/09/20	onth/Day/Year)			Director 10% Owner X Officer (give title Other (specify				
	ECUTIVE PAI		04/07/20	515				below)	below)		
SUITE 400		,						E	VP, Services		
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filiı	1g(Check	
	· · · · · · · · · · · · · · · · · · ·			th/Day/Year)				Applicable Line)			
				·				_X_ Form filed by			
SAN RAMO	DN, CA 94583							Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative S	Securit	ies Acc	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	med	3.				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	1	on Date, if		on(A) or D	sposed	of	Securities	Form: Direct		
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(D) (Instr. 3,	4 and f	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		<b>X</b>		(	(			Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
				<b>a</b> .		or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Common Stock	04/09/2015			А	80,000	А	\$0	80,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: Five9, Inc. - Form 4

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) of Disposed of (D (Instr. 3, 4, and 5)	)	Date	7. Title and <i>J</i> Underlying S (Instr. 3 and	Securities
				Code V	(A) (E	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 5.18	04/09/2015		A	160,000	<u>(1)</u>	04/09/2025	Common Stock	160,00

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
terforming of the reader to the second	Director	10% Owner	Officer	Other	
Crane Michael J. C/O FIVE9, INC., BISHOP RANCH 8, 4000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94583			EVP, Services		
Signatures					

/s/ Michael	
Crane	04/09/2015
<u>**</u> Signature of	Date
Reporting Person	

## **Explanation of Responses:**

- \* 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).
- (1) 25% of the option vests on the one-year anniversary of Aptil 9, 2015, and 1/48 of the option vests each month thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.