FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |

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

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*  PARKINSON JOE |  |            |   |         |                              |   | 2. Issuer Name and Ticker or Trading Symbol  8X8 INC /DE/ [ EGHT ] |          |        |                                     |                   |                                |           |  |   |   |                            | of Reportin<br>cable)<br>or   | ig Per             | son(s) to Iss  |  |  |
|---|--|------------|---|---------|------------------------------|---|--|----------|--------|-------------------------------------|-------------------|--------------------------------|-----------|--|---|---|----------------------------|---|--------------------|--|--|--|
| (Last) (First) (Middle) 810 W. MAUDE AVE                |  |            |   |         |                              | 3. Date of Earliest Transaction (Month/Day/Year) 08/26/2009 |  |          |        |                                     |                   |                                |           |  |   |   | Officer (give title below) |   | Other (s<br>below) |  | specify  |  |
| (Street) SUNNYVALE CA 94085  (City) (State) (Zip)       |  |            |   |         | _                            | f Ame   | endme  | nt, Date | of     | Original F                          | Filed             | (Month/Da                      | ay/Year   | Line   | is. Individual or Joint/Group Filing (Check App<br>ine)  X Form filed by One Reporting Person  Form filed by More than One Report<br>Person |   |                            |   |                    | on   |  |  |
| (City)  |  |            | (Zip)<br>Ible I - No                        | n-Deri  | vative                       | e Se  | curit  | ies Ad   | car    | uired. I                            | Dist              | osed o                         | of. or    | Ben  | eficial   | lv Ow   | nec                        |   |                    |  |  |  |
| 1. Title of Security (Instr. 3) 2. To Date              |  |            |   |         | saction<br>/Day/Ye           | ear)  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year         |          |        | 3.<br>Transaction<br>Code (Instr.   |                   | 4. Securi<br>Disposed<br>5)    | ities Ac  | quired   | d (A) or  | or 5. Amou<br>Securiti<br>Benefici<br>Owned Reporte |                            | nt of<br>es<br>ally<br>Following  | Form<br>(D) o      | n: Direct<br>r Indirect<br>istr. 4)                                      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|   |  |            |   |         |                              |   | Code   | v        | Amount | (A<br>(I                            | A) or<br>D) Price |                                | tion(s)   |  |   |   |                            | (Instr. 4)  |                    |  |  |  |
| Common  | 08/2   | 6/200      | 9   |         |                              |   | A  |          | 2,000  | 0                                   | A                 | \$0.5                          | 1,456,816 |  | 6,816   | D   |                            |   |                    |  |  |  |
| Stock Pu  | chase Rig  | 8/200      | 2009  |         |                              |   | F <sup>(1)</sup>   |          | 248    |                                     | D                 | \$0                            | \$0 1,45  |  | 56,568  |   | D                          |   |                    |  |  |  |
|   |  |            | Table II -                                  |         |                              |   |  |          |        |                                     |                   | sed of<br>onverti              |           |  |   | Own   | ed                         |   |                    |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | 2.<br>Conversio<br>or Exercise<br>Price of<br>Derivative<br>Security |            | 3A. Deem<br>Execution<br>if any<br>(Month/D | n Date, | 4.<br>Transa<br>Code (<br>8) |   |  |          |        | Date Exe<br>opiration I<br>onth/Day | Date              | Amou<br>Secui<br>Unde<br>Deriv |           | . Title and<br>mount of<br>ecurities<br>Inderlying<br>erivative Security<br>nstr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |                            | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | s<br>S<br>Illy     | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |            |   |         | Code                         | v   | (A)  | (D)      |        | ate<br>kercisable                   |                   | kpiration<br>ate               | Title     |  | Amount<br>or<br>Number<br>of<br>Shares  |   |                            |   |                    |  |  |  |
| Employee<br>Stock<br>Option<br>(right to                | \$0.56   | 08/26/2009 |   |         | X                            |   |  | 2,000    | 07     | 7/23/2006                           | 6 07              | 7/23/2012                      | Comm      |  | 2,000   | \$0   |                            | 1,456,50  | 68                 | D  |  |  |

## **Explanation of Responses:**

 $1.\ Payment\ of\ tax\ liablity\ by\ withholding\ securities\ incident\ to\ vesting\ of\ stock\ purchase\ right.$ 

<u>/s/ Joe Parkinson</u> <u>09/23/2009</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.