FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

| Instruc | tion 1(b). | | | Filed | | | | | | | ies Exchang | | L934 | | | | - рог г | | 0.0 | |
|---|--|-------|--------------|--|--|--|--|-------|--|-------|--------------------|----------------------|--|---|--|--|---|--|-------------|--|
| Name and Address of Reporting Person* Sipes David | | | | 2. Iss | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol 8X8 INC /DE/ [EGHT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Last) C/O 8X8 | ` | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2021 | | | | | | | | X Officer (give title Other (sperbelow) below) Chief Executive Officer | | | | | specify | |
| (Street) CAMPB (City) | ELL C | A 9 | 5008 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 08/17/2021 | | | | | | | | | Indiv ne) X | ' | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | , Dis | posed of | , or Be | nefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securitie: Disposed O 5) | | | | | 4 and Secur Benef | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | nsaction(s) tr. 3 and 4) | | | (111301. 4) | |
| Common Stock 08/15/2 | | | | | 2021 | | | A | | 2,384 | A | \$(| \$0 | | 529,431 ⁽¹⁾⁽²⁾ | | D | | | |
| Common Stock 08/15/2 | | | | 2021 | | F ⁽³⁾ | | 1,182 | D | \$24 | 4.46 6 | | 28,249 | | D | | | | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | Owned | t | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security Conversion of Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Solution Date, if any | | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | nt er | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. Includes 673 shares purchased on August 9, 2021 pursuant to the company's Employee Stock Purchase Plan (ESPP).
- 2. The amount reflects the number of securities beneficially owned after the reported transaction on August 15, 2021.
- 3. Represents the number of shares of Common Stock that have been withheld by the issuer to satisfy its income tax withholding and remittance obligations in connection with the net settlement of the Restricted Stock Units ("RSUs") and does not represent a sale by the reporting person.

Remarks:

/s/ Cheriese M. Dickman as Attorney in fact for David

12/14/2021

<u>Sipes</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.