FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | . 05 | | | | | | | | |

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

| Name and Address of Reporting Person* Zinn Matthew | | | | | | 2. Issuer Name and Ticker or Trading Symbol 8X8 INC /DE/ [EGHT] | | | | | | | | heck | ationship of Reporting R c all applicable) Director Officer (give title below) SVP-CLO, S | | 10% O | | |
|--|--|-------|-------------|-----------------|--|---|-----------------|------|-------------------------|--|---------------|-------------------------|----------|--|--|--|---|------------|--|
| (Last) (First) (Middle) C/O 8X8, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/19/2022 | | | | | | | | X | | |), Sec | below) | |
| 675 CREEKSIDE WAY (Street) CAMPBELL CA 95008 (City) (State) (Zip) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | rities | Acc | quire | d, Di | sposed of | f, or E | Benefici | ally | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution Date, | | · | | | | Acquired (A) or (D) (Instr. 3, 4 a | | and 5) Sec Bei Ow | | . Amount of securities seneficially owned Following seported | | vnership n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (IIIsu. 4) | |
| Common Stock 07/19/202 | | | | | 22 | | | | S ⁽¹⁾ | | 1,442 | D | \$4.752 | 1(2) | 281,821 | | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | ution Date, | | sinsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst: 3 and 4) Amoun or Numbe of Title Shares | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. The sale reported in this line was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 10, 2022.
- 2. The price is the weighted average sales price for the transactions reported on this line. The prices for the transactions reported on this line range from \$4.73 to \$4.78. The reporting person undertakes to provide, upon request by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

Remarks:

Cheriese M. Dickman as Attorney-in-Fact for Matthew 07/20/2022 Zinn

** 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.