Instruction 1(b).

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

Name and Address of Reporting Person* Weirich Daniel						2. Issuer Name and Ticker or Trading Symbol 8X8 INC /DE/ [EGHT]									eck all applic Directo	tionship of Reporting all applicable) Director		10% Ov	/ner	
(Last) (First) (Middle) C/O 8X8 INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2014									- 2	below)	Officer (give title below) Chief Finance		Other (s below) Officer	specify	
2125 O'NEL DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN JOSE CA 95131					06/	/30/2	2014	14						Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)													1 6/30/1						
		Tak	le I - Nor	ı-Deriv	ative	e Se	curit	ies Ac	quired,	Dis	oosed o	f, or I	3ene	ficiall	y Owned	l				
Date					Transaction ate lonth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.						es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (I	A) or ())	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock					06/30/2014				М		15,23	30	Α	\$1.07	958	958,098		D		
Common Stock 06/3					5/30/2014				S		15,23	80	D	\$8.01	942,868			D		
Common Stock 06/30)/201	4					4,770	0	Α	\$1.26	942	2,868		D		
Common Stock 06/30.					0/2014				S		4,770	0	D	\$8.01	938	3,098		D		
			Fable II -								sed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr. 8)		of Deri Seci Acq (A) o Disp of (E	umber vative urities uired or oosed O) (Instr. and 5)	Expiration	s. Date Exercisable Expiration Date Month/Day/Year)		nd 7. Title and Al of Securities Underlying Derivative Se (Instr. 3 and 4		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisab		expiration Date	Title	or No of	umber						
Employee Stock Option (right to buy)	\$1.07	06/30/2014		1	M ⁽¹⁾			15,230	(2)	0	6/20/2016	Comm Stock		5,230	\$0	942,86	i8	D		
Employee Stock Option	\$1.26	06/30/2014		1	M ⁽¹⁾			4,770	(3)	0	8/28/2017	Comm		l,770	\$0	938,09	18	D		

Explanation of Responses:

(right to

1. Sale under a 10b5-1 Stock Sales Plan, dated May 30, 2014.

 $2. \ This \ option \ becomes \ exercisable \ at the \ rate \ of \ one \ forty-eighth \ of \ the \ shares \ on \ 07/20/2006 \ and \ at \ the \ end \ of \ each \ full \ month \ thereafter.$

3. This option becomes exercisable at the rate of one forty-eighth of the shares on 09/28/2007 and at the end of each full month thereafter.

12/05/2014

** Signature of Reporting Person

Stock

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.