FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

OWID A	TTROVAL
OMB Number:	3235-028
Estimated avera	age burden

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

1. Name and Address of Reporting Person*

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

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

GENOVESE MARY ELLEN P					<u>82</u>	8X8 INC /DE/ [EGHT]										[k all applicable) Director Officer (give title			10% Ov Other (s	
(Last) (First) (Middle) C/O 8X8, INC						3. Date of Earliest Transaction (Month/Day/Year) 04/12/2016											Chief Financial Office				w)`
2125 O'N	NEL DRIV	_ 4.1	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street)	(Street) SAN JOSE CA 95131						, , , , , , , , , , , , , , , , , , , ,									X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															"			
		Tab	le I - No	n-Deri	vative	e Se	curit	ies Ac	quire	ed, C	Disp	osed o	of, or	Ben	eficial	lly Ov	vne	d			
				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		d (A) or r. 3, 4 and	I Se	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Со	de \	v	Amount	(A (D) or)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 04/1					2/2016	2016			N	И		5,469) A \$		\$10.4	11	1 46,107			D	
		7	able II -									sed of onverti				/ Owi	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		n of		6. Date Expira (Mont	ation D	Date	ble and	Amoui Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Deriva Secur	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable		xpiration ate	Title	1	Amount or Number of Shares						
Restricted Stock Units	(1)	04/12/2016			M			5,469	(2	2)		(2)	Comm Stock		5,469	\$()	148,929	9	D	
Restricted Stock	(1)	04/12/2016			F ⁽³⁾			3,191	(2	2)		(2)	Comm		3,191	\$()	145,73	8	D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of EGHT common stock.
- 2. RSUs vest (1) up to 25% on March 31, 2016; (2) up to 50% on March 31, 2017; and (3) up to 25% on March 31, 2018 in each case subject to performance of 8x8 common stock relative to NASDAQ Composite Index during the period from grant date through such dates.
- 3. Payment of tax liability by withholding securities incident to vesting of performance restricted stock units.

04/14/2016 /s/ Mary Ellen Genovese

** 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.