FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------|---------------|--|--|--|--|--|--|--|--|--|
| 1 | | $\overline{}$ | | | | | | | | | |

OMB Number: 3235-0287 Estimated average burden 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* SALZMAN ERIC | | | | | 2. Issuer Name and Ticker or Trading Symbol 8X8 INC /DE/ [EGHT] | | | | | | | | | | (Ch | Relationship eck all appli X Directo | cable) | ng Per | son(s) to Iss 10% Ov | |
|---|--|--|--|---------|--|-------|---|----------|----------------|--|-----|------------------|--|---------------|--|---|------------------------------------|---------------------|--|--|
| (Last) C/O 8X8 | ` | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2015 Officer (give title below) below) Other (special below) | | | | | | | | | | | specify | | | | |
| 2125 O'N | NEL DRIVI | E | | | 4. If | Amei | ndmer | nt, Date | of Orig | inal Fi | led | (Month/Da | ay/Yea | ar) | | ndividual or | Joint/Group | o Filino | g (Check Ap | plicable |
| (Street) SAN JOSE CA 95131 | | | | | | | | | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | Transaction D Code (Instr. 5) | | | . Securities Acquired (A) hisposed Of (D) (Instr. 3, 4) | | | Benefici Owned I | es Fo ially (D Following (I) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Со | de V | , | Amount | (| (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | Stock | | | 10/21/ | /2015 | 5 | | | N | 1 | | 8,328 | 8 | A | \$9.6 | 7 41 | ,640 | | D | |
| | | Т | able II - D | | | | | | | | | sed of | | | | 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 D if any (Month/Day) | Date, T | Code (Ins | | n of | | Expira | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exerci | sable | | kpiration ate | Title | 0 N 0 | Amount or Number of Shares | | | | | |
| Restricted Stock | (1) | 10/21/2015 | | | M | | | 8,328 | (2 |) | 10 | 0/21/2024 | Comr | | 8,328 | \$0 | 46,456 | 6 | D | |

Explanation of Responses:

- $1.\ Each\ restricted\ stock\ unit\ represents\ a\ contingent\ right\ to\ receive\ one\ share\ of\ EGHT\ common\ stock.$
- 2. This award vests at the rate of one-fourth of such shares at October 21, 2015, one-fourth of such shares at October 21, 2016, one-fourth of such shares at October 21, 2017 and one-fourth of such shares at October 21, 2018.

/s/ Eric Salzman

** Signature of Reporting Person Date

10/21/2015

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.