SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## OMB APPROVAL

3235-0104

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

Estimated average burden hours per response: 0.5

OMB Number:

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*       2. Date of Event Requiring Statement (Month/Day/Year)         06/17/2024		tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>8X8 INC /DE/</u> [EGHT]					
(Last) (First) (Middle) C/O 8X8 INC. 675 CREEKSIDE WAY			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	Person(s) to 10% Owner Other (specify below)		<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting</li> </ul>		
(Street) CAMPBELL CA 95008 (City) (State) (Zip)						Person	by More than One	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			0	D				
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ite	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
Explanation of Responses:	Date Exercisable	Expiration Date		Amount Derivativ or Security Number of Shares		Direct (D) e or Indirect (I) (Instr. 5)	5)	

## **Remarks:**

/s/ Cheriese M. Dickman 06/18/2024 as Attorney-in-Fact for Andrew Burton \*\* Signature of Reporting Date Person

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 5 (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.