## Edgar Filing: 8X8 INC /DE/ - Form 4

8X8 INC /DE											
Form 4											
November 18	, 2011										
FORM	4									PPROVAL	
	- UNITE	DSTATES		hington,			NGE (	COMMISSION	ONIB	3235-0287	
Check this	sbox		vv as	migton,	D.C. 20	549			Number:	January 31	
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSH				NERSHIP OF	Expires:	2005	
Subject to				SECURITIES					Estimated a burden hou		
	Form 4 or				Sheermines					•	
Form 5	Filed p	oursuant to S	Section 16	6(a) of the	e Securiti	ies E	xchang	ge Act of 1934,	response		
obligation may conti		7(a) of the	Public Ut	ility Hold	ling Com	ipany	Act of	f 1935 or Section	n		
See Instru		30(h)	of the Inv	vestment	Compan	y Act	t of 194	40			
1(b).											
(Print or Type R	esponses)										
(Thit of Type R	esponses										
1. Name and Ad	dress of Reportin	ng Person <u>*</u>	2. Issuer	Name and	Ticker or '	Tradin	ng	5. Relationship of	Reporting Person(s) to		
HECKER G	UY L JR		Symbol					Issuer			
•				NC /DE/ [EGHT]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of			of Earliest Transaction				(Check all applicable)				
			(Month/D	/Day/Year)			_X_ Director	10%	Owner		
			11/17/20	1/17/2011				Officer (give titleOther (specify below)			
			4. If Amer	nendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
	E CA 04095							Form filed by M			
SUMMIVAL	LE, CA 94085							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acc	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	emed 3. 4. Securities Acquired			5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Yes	on Date, if Transaction(A) or Disposed of				d of		Form: Direct			
(Instr. 3)		any (Month/	Day/Year)				5)	•	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
		(11101111)	2 uj, 1 cui)	(1115411-0)	(						
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Commen				Code V	Amount	(D)	Price	(			
Common Stock	11/17/2011			Μ	1,000	А	\$ 0.96	1,048,741	D		
Stovic							0.90				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 0.96	11/17/2011		М	1,000	<u>(1)</u>	11/20/2011	Common Stock	1,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
HECKER GUY L JR 8 X 8 INC 810 W MAUDE AVE SUNNYVALE, CA 94085	Х						
Signatures							

/s/ Guy L. Hecker <u>\*\*Signature of Reporting Person</u> L1/18/2011 Date

## **Explanation of Responses:**

\* 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).

(1) This award vests at the rate of one forty-eighth of the shares on 12/20/2002 and at the end of each full month thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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