FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | STATEMENT | OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|--|------------------|----------------------|-------------------|------------------|
|--|------------------|----------------------|-------------------|------------------|

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| l | 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

| Name and Address of Reporting Person* Paul Saikat | | | | | 2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. [QLYS] | | | | | | | | (Check all a | | | | % Ow | ner | |
|--|---|----------|---------|-----------------------------|--|--|---|------|----------------|---|---------------------------|--------------------|---|--|--|---|---|-----------|--|
| (Last) | ALYS, IN | C. | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021 | | | | | | | | X | belov | v) `` | be | Other (spec below) ing Officer | | |
| 919 E. H | ILLSDA | LE BLVD. | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FOSTER | CITY (| CA : | 94404 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (| State) | Zip) | | | | | | | | | | | | Perso | on | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 4 and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | | | ction(s) 3 and 4) | | , | instr. 4) | |
| Common Stock 07/01/20 | | | | | .021 | | | | F | | 143(1) | D | \$10 | 0.94 | .94 10,560 | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | Transaction Code (Instr. | | mber rative rities ired r osed) : 3, 4 | 6. Date Exerc Expiration Da (Month/Day/\) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Dei Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: y Direct (D or Indirec (I) (Instr. | D) ect | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Number of Shares | • | | | | | |

Explanation of Responses:

1. The reported shares were withheld to cover the Reporting Person's tax liability in connection with the vesting of restricted stock units.

Remarks:

/s/ Bruce Posey by Power of Attorney for Saikat Paul

07/07/2021

** 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.