FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | |

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* COURTOT PHILIPPE F | | | | | | | | | | | | | | | | k all app Direc | tor | 2 | X 10% | Owne | er |
|---|---|--|-------------------|---------|---|--|---|---------------------------------|-----|--------------------------------|---------------|-------|------------------------------|--|--|--|--|---------------------|---|--|---|
| (Last) (First) (Middle) C/O QUALYS, INC. 919 E. HILLSDALE BLVD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2020 | | | | | | | | | | X Officer (give title below) Other (specify below) Chairman, President & CEO | | | | | | ecify |
| (Street) FOSTEF (City) | FOSTER CITY CA 94404 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| 1. Title of | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Transaction 2. Transaction 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of | | | | | | | | | | | | | | | | | | | | |
| | | | Date (Month/Da | ıy/Year |) if a | Execution Date, if any (Month/Day/Year | | Code (Inst | | | | | | r. 3, 4 and 5 | | Owned F | Securities Beneficially Dwned Following Reported | | : Direct ect (I) . 4) | Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | ode | | | v | Am | ount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | (11154.1 | , | (III) | 4, | | |
| Common Stock 06/ | | | 06/01/ | 2020 | 20 | | | | F | | 1 | 1,643 | D | \$117.93 | (1) | 5,236,418 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 100,000 | | I | | See Foot | tnote ⁽²⁾ | |
| | 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) | 2. 3. Transaction 3A. Deemed 4. | | | | | | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | Exp | Date Ex piration onth/Da | n Dai | | Amo Secu Unde Deriv | tle and unt of irities erlying vative irity (Instr. d 4) | De Se | Price of crivative curity str. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4) | e s ally g | Ownersh Form: y Direct (D or Indire (I) (Instr. | | 11. Nature of Indirect Beneficial Ownership Instr. 4) |
| | | | | | Code | v | (D) | Date D) Exercisal | | Expiration able Date | | Title | Number of | | | | | | | | |

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.
- 2. These shares are held directly by a custodian under the Uniform Gifts to Minors Act for the benefit of the Reporting Person's minor child.

Remarks:

/s/ Bruce Posey by power of attorney for Philippe F. Courtot

06/03/2020

** 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.