FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

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 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

| 1. Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. QLYS | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|------------|--|--|---------|---|--|---|-------|------------------|--|--|------------------------|---|---|--|-----------------------|---|--|---|--|
| POSEY BRUCE K | | | | | - | | | | | | | | | | | Direc | tor | | 10% O | wner | |
| | | | | | | 2 0 | 2 Date of Farlings Transportion (Month/Day/Year) | | | | | | | | | X | | fficer (give title elow) | | Other (specify below) | |
| (Last) (First) (Middle) C/O QUALYS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2019 | | | | | | | | | VP, GC and Corp. Sec. | | | | | | |
| 919 E. HILLSDALE BLVD. | | | | | | | | | | | | | | | | | | | | | |
| 919 E. HILLSDALE BLVD. | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Chroat) | | | | | | · ··· | 4. If Americanical, Date of Original Filed (Month/Day/Tear) | | | | | | | | | Line) | | | | | |
| (Street) FOSTER CITY CA 94404 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| - J4404 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | | (Sta | te) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | ηuired, | Dis | posed o | f, o | r Ben | efici | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ır) E | Executior f any | Deemed ecution Date, ny onth/Day/Year) | | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Secur Benef Owne Report Trans | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) Pric | | | ection(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/01/ | | | | | | /2019 | | | | F | | 1,620 | .0 ⁽¹⁾ D \$ | | \$88 | 8.59 61,578 | | D | | | |
| | | | Та | | | | | | | | | osed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ion ise | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nui of | ount nber ıres | | | | | | |

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

02/05/2019

** 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.