FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

| <b>STATEMENT</b> | OF CHANGES | S IN BENEFICIAL | L OWNERSHIP |
|------------------|------------|-----------------|-------------|

| OMB APPROVAL             |      |  |  |  |  |  |  |  |
|--------------------------|------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |      |  |  |  |  |  |  |  |
| Estimated average burden |      |  |  |  |  |  |  |  |
| hours ner resnonse       | . 05 |  |  |  |  |  |  |  |

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*     Berquist Thomas  |  |          |             | 2. Issuer Name <b>and</b> Ticker or Trading Symbol QUALYS, INC. [ QLYS ] |                             |   |  |     |   |      | ck all app                 | ,   |  |                      |   |  |         |          |          |
|--|--|----------|-------------|--|-----------------------------|---|--|-----|---|------|----------------------------|---|--|----------------------|---|--|---------|----------|----------|
| (Last)   | (F   | irst) (1 | Middle)     |  |                             | 3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023   |  |     |   |      |                            |   | Office   | er (give title<br>v) |   | Other (s<br>below)   | specify |          |          |
| C/O QUALYS, INC.<br>919 E. HILLSDALE BLVD.                 |  |          |             |  | 4. If A                     | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |  |     |   |      |                            | Line)   | 6. Individual or Joint/Group Filing (Check Applica Line) $X$ Form filed by One Reporting Person                    |                      |   |  | `       |          |          |
| (Street) FOSTER  | CITY C   | A 9      | 4404        |  |                             |   |  |     |   |      |                            |   |  |                      | Form<br>Perso   | filed by Mo<br>on  | re than | One Repo | orting   |
| (City)   | (S   | tate) (2 | Zip)        |  | $ _{\Box}$                  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan the satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |     |   |      |                            |   |  | that is inter        | nded to   |  |         |          |          |
|  |  | Table    | I - No      | n-Deriva   | tive S                      | Secu  | rities   | Acq | uired,  | Dis  | posed of                   | , or E  | 3ene   | eficial              | ly Own  | ed   |         |          |          |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |  |          | Execution D |  | Transaction<br>Code (Instr. |   |  |     | (A) or<br>3, 4 and  |      | ies<br>cially<br>Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |                      |   |  |         |          |          |
|  |  |          |             |  |                             |   |  |     | Code V  |      | Amount                     | Amount (A)  |  | Price                | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                    |  |         |          | (msu. 4) |
| Common   | Stock  |          |             | 08/23/   | 2023                        |   |  |     | A   |      | 3,068(1)                   | A   | <b>A</b>   | \$0.00               | 3   | 3,068  |         | D        |          |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |          |             |  |                             |   |  |     |   |      |                            |   |  |                      |   |  |         |          |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any  |          |             | Transaction of Code (Instr. Derivativ                                    |                             | rative<br>rities<br>pired<br>r<br>osed<br>)   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |      | D<br>Sc<br>(II             | Price of<br>erivative<br>ecurity<br>nstr. 5)                      | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | y C<br>F<br>O<br>(I  | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |         |          |          |
|  |  |          |             |  | Code                        | v   | (A)  | (D) | Date<br>Exercis   | able | Expiration<br>Date         | Title   | Amo<br>or<br>Num<br>of<br>Sha  | .                    |   |  |         |          |          |

## Explanation of Responses:

1. The reported securities represent restricted stock units which vest in three equal annual installments on each of the first three anniversaries of September 1, 2023, subject to continued service as a director through each vesting date.

## Remarks:

/s/ Bruce Posey, by Power of Attorney for Thomas Berquist

08/25/2023

\*\* 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.