FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| | 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

| 1. Name and Address of Reporting Person* Fisher Melissa B | | | | | | | 2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. [QLYS] | | | | | | | | | Check | all app | licable) | g Person(s) to Issuer 10% Owner Other (specify | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------|--------------------------------------------|-----------------------------------------------|-------|------------------------------|------------------------------------------------------------------------|--------------------------------------------|-----|-----------------------------------------|---------------------------|----------------------|---------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--|
| (Last) (First) (Middle) C/O QUALYS, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2018 | | | | | | | | | X | belov | v) `` | belo ncial Office | w) | |
| 919 E. HILLSDALE BLVD. | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) FOSTER CITY CA 94404 | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | | (Stat | e) (2 | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | Execution Da | | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Sec Ben Owi | | 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) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | (IIISU. 4) | |
| Common Stock 05/01/ | | | | | | /2018 | | | | | | 2,951 | [1) | D \$7 | | 7.3 122,781 | | 22,781 | D | | |
| | | | Та | | | | | | | | | osed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | on [se (| 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of Derive Security (A) of Disposor (Instru | of | | Exerci on Da Day/Yo | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

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 Melissa B. Fisher

05/02/2018

** 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.