FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:									

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

> Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5

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* Thakar Sumedh S				2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. [QLYS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
				~~					.]				1	Direc	tor		10% O	wner			
(Last)	(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)								Officer (give title Other (specify below)					
C/O QUALYS, INC.						11/06/2024							CEO & PRESIDENT								
919 E. H	IILLSDAL	E BLVD.																			
					4. If A	Amend	dment,	Date o	f Origina	l File	d (Month/Da	y/Year)		6. Ind	ividual o	r Joint/Grou	ıp Filinç	g (Check A	pplicable		
(Street)	R CITY C	Α (94404											V V	Form	filed by On	e Repo	orting Pers	on		
FUSTER	CCITY C	A	94404											Form filed by More than One Reporting							
(City)	/0	itato) /	Zin)												Perso	on					
(City)	(0	State) (Zip)																		
		Table	l - No	n-Deriva	tive S	Secu	ritie	s Acq	uired,	Dis	posed of	, or B	ene	ficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					5. Amo Securit Benefic Owned	ties 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) (D)	or P	rice	Transa	ction(s) 3 and 4)			(11150. 4)		
Common Stock 11/06/2						2024					3,750	D	D	\$165	22	8,845		D			
Common Stock 11/06/2					2024		S ⁽¹⁾		3,392	D		\$170	0 225,453		D						
						<u> </u>									<u> </u>		<u> </u>				
		Та									osed of,				Owne	d					
			1		4.	ilis,	_				onvertib										
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		iction Instr.	tion of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numi of Share	ber							

Explanation of Responses:

1. The sale transaction reported in this Form 4 was effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on February 28, 2024.

/s/ Bruce Posey by power of attorney for Sumedh S. Thakar

11/07/2024

** 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.