FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.	C. 20549	
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Washington, 5.5. 20045	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0
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OMB Number:	3235-028
Estimated average burd	en
hours per response:	0.9

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*  Thakar Sumedh S						2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. [ QLYS ]									k all appli Directo	or		10% O	vner
(Last) (First) (Middle) C/O QUALYS, INC. 919 E. HILLSDALE BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 09/02/2021									X Officer (give title below) Other (spe below)  CEO & President				
(Street) FOSTER CITY CA 94404					-   4. li -	f Amen	ıdmer	nt, Date	e of Orio	ginal F	Filed (Month/D		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				n		
(City)	(Si		Zip)													-			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes				on (Year)	2A. Deemed Execution Date,		3.		A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		(A) or		5. Amount of Securities Beneficially Owned Follow		Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transa (Instr. 3	ction(s)			(Instr. 4)
Common Stock 09/02/2				09/02/20	)21	21			M <sup>(1)</sup>		5,195	A	\$20	0.8		5,458		D	
Common Stock 09/02/20			)21	21					5,195	D	<b>\$120.0</b> 3	20.0175(2)		30,263		D			
Common Stock 09/03/20			09/03/20	21				M <sup>(1)</sup>		500	A	\$20	\$20.8		30,763		D		
Common Stock 09/03/202				)21	1		S <sup>(1)</sup>		500	D	\$120.0	S120.012 <sup>(3)</sup>		180,263		D			
		Т	able								sposed of s, converti				Owned				
1. Title of Derivative Security (Instr. 3)	L. Title of 2. 3. Transaction Date Execution Date, (Month/Day/Year) if any			ransaction of Code (Instr. Deriv			Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		S (I	. Price of perivative security nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (right to buy)	\$20.8	09/02/2021			M <sup>(1)</sup>			5,195	(	(4)	10/31/2023	Commo Stock	<sup>n</sup> 5,19	95	\$0.00	21,216	5	D	
Stock Option (right to buy)	\$20.8	09/03/2021			M <sup>(1)</sup>			500	(	(4)	10/31/2023	Commo Stock	<sup>n</sup> 500	)	\$0.00	20,716	5	D	

## **Explanation of Responses:**

- 1. The sale transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February 17, 2021.
- 2. The sale price represents the weighted average price of the shares sold ranging from \$120.00 to \$120.20 per share. Upon request by the Commission staff, the Issuer or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- 3. The sale price represents the weighted average price of the shares sold ranging from \$120.00 to \$120.04 per share. Upon request by the Commission staff, the Issuer or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- 4. This option is fully vested and immediately exercisable.

## Remarks:

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

09/07/2021

\*\* 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.