| SEC Form 4 |
|------------|
|------------|

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

| OMB Number: | 3235-0287 |
|---------------------|-----------|
| Estimated average b | urden |
| hours per response: | 0.5 |

| Instruction 1(b). | | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 | 34 |
|-------------------------|----------------|-----------------------|--|---|
| | | | or Section 30(h) of the Investment Company Act of 1940 | |
| 1. Name and Addres | ss of Reportin | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>QUALYS, INC.</u> [QLYS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020 | Chief Financial Officer |
| C/O QUALYS, | INC. | | 10/01/2020 | |
| 919 E. HILLSD | ALE BLVD | | | |
| (Street) FOSTER CITY | <u> </u> | 94404 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person |
| | | 94404 | | Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | | |
| | | Table I - Non-De | rivative Securities Acquired, Disposed of, or Bene | eficially Owned |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|--------|---------------|-------|------------------------------------|---|---|---|
| | Code V | | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) | |
| Common Stock | 10/01/2020 | | F | | 834(1) | D | \$97.56 | 37,633 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) of Dispo of (D) | Derivative (Month/Day/Year) securities coquired A) or Disposed of (D) Instr. 3, 4 | | Deriv | unt of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|---|---------------------|--------------------|---|---|--|--|---------------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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 Joo Mi Kim

10/05/2020

** 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.