FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,

| D.C. 20549 | OMB APP | ROVAL |
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| N DENETICIAL OWNEDCHID | OMB Number: | 3235-028 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 1(h) |

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* Thakar Sumedh S | | | | | | 2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. [QLYS] | | | | | | | | | | tionship of Reportin all applicable) Director Officer (give title | | 10 Ot | % Owner er (specify | Owner |
|--|---|--|-------------------|--------------------------|----------------------------|--|---|--|------|---|---|--------------------|-------------|--------------------|---|---|---|--|--|-------|
| (Last) (First) (Middle) C/O QUALYS, INC. 919 E. HILLSDALE BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2019 | | | | | | | | | A | belov | ow) below Chief Product Officer | | , | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| FOSTER (City) | | | 94404 Zip) | | | | | | | | | | | | | Form filed by More than One Repo Person | | Reporting | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execu ay/Year) if any | | xecution any | a. Deemed ecution Date, any onth/Day/Year) | | | | Securities Acquired (A) sposed Of (D) (Instr. 3, 4 | | | and 5) Secu Ben | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Benefic | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (iiistii 4 | •, |
| Common Stock 11/ | | | | 11/01/ | /2019 | | | | | | 10,373 | (1) | D \$86 | | 6.35 230,636 | | 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) | Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, if any | | n Date, | | 5. Number of of Derivative | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indir Benefic Owners (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (A) (D) | | | Expiration Date | of Title Shares | | ares | | | | | | |

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 Sumedh S. Thakar

11/05/2019

** 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.