Instruction 1(b).

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

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

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* COURTOT PHILIPPE F | | | | 2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. [QLYS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner V Officer (give title Other (specify | | | | | |
|--|--|------------------------------------|--------------|--|----------------|--|--|------|---|-------------------------|----------------------------------|--|--|--|---|---------------------------------------|----------|--|
| ` | (First) (Middle) QUALYS, INC. E. HILLSDALE BLVD. | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2020 | | | | | | | | X Officer (give title Officer (specify below) Chairman & CEO | | | | | | |
| (Street) FOSTEF (City) | CCITY CA | | 4404 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secui | rities | AC | quirec | d, Di | sposed of | , or B | enefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transacti Date (Month/Day | | Execution Date, | | , | | | Acquired (A) or f (D) (Instr. 3, 4 and | | Securitie Benefici Owned F | 5. Amount of Securities Beneficially Owned Following Reported | | nership : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact (Instr. 3 | ion(s) | | | (1130.4) | |
| Common Stock 12/ | | | 12/01/20 | 020 | 20 | | | F | | 1,643(1) | D | \$94.3 | 5,207,236 | | D | | | |
| Common Stock | | | | | | | | | | | 100,000 | | I | | See Footnote ⁽²⁾ | | | |
| | 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) | rivative Conversion Date Execution Date, Tr curity or Exercise (Month/Day/Year) if any C | | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative irities iired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ate | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) 8. Numb derivativ Securiti Securiti Benefici Owned Followir Reporte Transac (Instr. 4) | | ve es Form: ially Direct (D or Indirect (I) (Instr.) | | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | 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.
- 2. These shares are held directly by a custodian under the Uniform Gifts to Minors Act for the benefit of the Reporting Person's minor child.

Remarks:

/s/ Bruce Posey by power of attorney for Philippe F. Courtot

** Signature of Reporting Person

12/02/2020

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.