FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

HIP
Н

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

					OI :	Section 30((II) OI LITE	investi	nent c	Company Act	01 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)							
					_	011210	,		10]				X	Directo Officer	r (give title		10% Ov Other (s	-		
(Last)	(F	irst) (Middle)				Date of Earliest Transaction (Month/Day/Year)							Λ	below)		1	below)	. ,		
C/O QUALYS, INC.						12/09/2016							Chief Product Officer							
1600 BR	IDGE PAR	KWAY																		
(Street)				- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
REDWC	OOD	D CA	94065										X	Form f	iled by One	Repo	rting Perso	n		
CITY CA 94					_									Form f Persor		e than	nan One Reporting			
(City)	(S	tate)	(Zip)																	
		Tab	le I - I	Non-Deri	vative	e Securit	ties A	cquire	ed, D	isposed c	of, or B	Benefici	ally (Owned	l					
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N			Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)	Price		Reported Transaction (Instr. 3 and				(Instr. 4)				
Common	Stock			12/09/2	016			M ⁽¹⁾		1,600	Α	\$5.9	53,619				D			
Common	Stock			12/09/2	016			S ⁽¹⁾		1,600	D	\$33.23	18 ⁽²⁾ 52,019				D			
		7	able							sposed of, , converti				wned						
Security or Exercise (Month/Day/Year) if any		eemed tion Date, n/Day/Year)	4. Transa Code (8)	(Instr. of Sec Acc (A) Dis of (Instr. of (In	sposed	6. Date Expira (Monti	tion D		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	B. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

\$5.9

1. The sale transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 27, 2016.

Code

M⁽¹⁾

ν

2. The sale price represents the weighted average price of the shares sold ranging from \$33.00 to \$33.65 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.

Date

Exercisable

(3)

(D)

1 600

(A)

3. The option is subject to an early exercise provision and was immediately exercisable. One forty-eighth of the shares subject to the option vested on December 4, 2011 and one forty-eighth of the shares subject to the option vested monthly thereafter.

Remarks:

Stock Option

(right to

buy)

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

Amount Number

Shares

1,600

\$0.00

12/12/2016

3 489

D

Expiration

11/03/2021

Date

Title

Common

Stock

** 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).

12/09/2016

** 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.