FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* POSEY BRUCE K						2. Issuer Name and Ticker or Trading Symbol QUALYS, INC. [QLYS]									tionship of Reporting all applicable) Director Officer (give title		g Person(s) to Is 10% O Other (wner	
	(F ALYS, INC ILLSDALI	2.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/10/2019												below)	opeony	
(Street) FOSTER	reet) OSTER CITY CA 94404					4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	itate)	(Zip)												Perso	1				
		Tab	le I - I	Non-Deri	vativ	e Sec	urit	ies A	cquire	d, D	isposed o	of, or B	enefic	ially	Owned	i				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Secur Benef Owne		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	٧	Amount	(A) or (D)	Price			ported insaction(s) str. 3 and 4)			(Instr. 4)		
Common	Stock	tock 06/10/20			019	9			M ⁽¹⁾		2,000	A	\$37.	\$37.28		1,972		D		
Common	Common Stock 06/10			06/10/2	019	19			S ⁽¹⁾		300	D	\$87.1	\$87.14(2)		1,672		D		
Common	Stock			06/10/2	019				S ⁽¹⁾		1,700	D	\$88.8636(3)		59	59,972		D		
		Т	able								sposed of , converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed tion Date, n/Day/Year)	4. Transa Code 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (right to	\$37.28	06/10/2019			M ⁽¹⁾			2,000	(4))	07/29/2025	Commor Stock	2,00	0	\$0.00	3,000		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 May 17, 2018.
- 2. The sale price represents the weighted average price of the shares sold ranging from \$86.93 to \$87.49 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 \$88.43 to \$89.25 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

06/12/2019

** Signature of Reporting Person

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.