Edgar Filing: Rogers Kristi Marie - Form 4

Rogers Kristi	Marie									
Form 4										
June 20, 2018	3									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION							ONID	3235-0287		
Check this	s box	Wa	shington,	D.C. 205	549			Number:		
if no longer							Expires:	January 31, 2005		
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					NERSHIP OF	Estimated a	Estimated average burden hours per		
Section 16 Form 4 or		SECURITIES								
Form 5		uant to Section 1	6(n) of the	Socuriti	os Fr	vohon	x_{2} Act of 1034	response	0.5	
obligation) of the Public U						\n		
may conti	nue.	30(h) of the I	-	-)II		
See Instru 1(b).	ction	Jo(ii) of the ii	i vestinent	compan	y 1100	. 01 17	10			
1(0).										
(Print or Type R	esponses)									
	ddress of Reporting P	erson <u>*</u> 2. Issue	r Name and	Ticker or '	Fradin	g	-	Reporting Person(s) to		
Rogers Krist	i Marie	Symbol					Issuer			
	LYS, INC. [QLYS]				(Check all applicable)					
(Last)	(First) (M	liddle) 3. Date o	f Earliest Tra	ansaction			(Che)	ek an application	.,	
	nth/Day/Year)			_X_ Director10% Owner						
C/O QUALYS, INC., 919 E. 06/18/20			018			Officer (give title Other (specify below) below)				
HILLSDALI	E BLVD.						below)	below)		
(Street) 4. If Amer			endment, Date Original			6. Individual or Joint/Group Filing(Check				
	th/Day/Year)				Applicable Line)					
Form filed by M							One Reporting Person Iore than One Reporting			
FOSTER CI	TY, CA 94404						Person	whole than one Re	eporting	
(City)	(State) (Zip) Tab	la I Non D	onivotivo (loonni	tion A a	quired, Disposed o	f or Ponoficial	lly Owned	
						ues Au			-	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi		vr	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Woldin Day) Tear)	any	on Date, if TransactionAcquired (A) or Code Disposed of (D)				Beneficially	(D) or	Beneficial	
. ,		(Month/Day/Year)			4 and		Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported Transaction(s)			
					or	D .	(Instr. 3 and 4)			
Common			Code V	Amount	(D)	Price				
Stock	06/18/2018		А	2,588 (1)	А	\$0	7,570	D		
STOCK				<u> </u>						

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo
					(A) or Disposed						Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Rogers Kristi Marie C/O QUALYS, INC. 919 E. HILLSDALE BLVD. FOSTER CITY, CA 94404	Х								
Signatures									
/s/ Bruce Posey by power of attorney		06/20/2018	3						
**Signature of Reporting Person		Date							
Explanation of Responses:									

Explanation of Responses:

- * 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).
- The reported securities represent restricted stock units which vest on the earlier of (i) June 18, 2019 or (ii) the day before the Issuer's 2019 (1) annual meeting of stockholders, subject to the Reporting Person's continued service through each such vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.