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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | |
|--------------------------|-----------|--|--|--|--|
| Estimated average burden | | | | | |
| hours per response: | 0.5 | | | | |

| 1. Name and Address of Reporting Person* | | Person* | 2. Issuer Name and Ticker or Trading Symbol Nutanix, Inc. [NTNX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--------------------------------------------------|--------------------|----------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|--|--|
| Williams D (Last) C/O NUTANI 1740 TECHN | (First) X, INC. | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2020 | Director 10% Owner Officer (give title Other (specify below) Chief Financial Officer | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| SAN JOSE | CA | 95110 | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------|---|-----------------------|---------------|----------------------------------|------------------------------------|---|---------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |
| Class A Common Stock | 09/16/2020 | | S | | 25,942 ⁽¹⁾ | D | \$22.84 | 219,534 | D | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3A. Deemed Execution Date, 6. Date Exercisable and Expiration Date 7. Title and Amount of 8. Price of Derivative 9. Number of derivative 10. Ownership 11. Nature of Indirect 3. Transaction 5. Number Date (Month/Day/Year) Conversion Transaction Derivative Security (Instr. 3) or Exercise if any (Month/Day/Year) Code (Instr. (Month/Day/Year) Securities Security (Instr. 5) Securities Form: Beneficial Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Price of Derivative Direct (D) Ownership (Instr. 4) 8) Underlying Beneficially or Indirect (I) (Instr. 4) Derivative Owned Security Security (Instr. 3 and 4) Following Reported Transaction(s) (Instr. 4) Amount or Number Date Expiration of Shares

Exercisable

Date

Explanation of Responses:

1. Represents shares sold to cover the tax liability arising from the vesting of Reporting Person's Restricted Stock Units, or RSUs.

Remarks:

/s/ Olive Huang, by power of attorney

Title

09/18/2020

** 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).

v

Code

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.

(D)

(A)